



**2021**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**Arizona**

**English & Spanish (state-added only)**

## Table of Contents

OMB Header and Introductory Text .....	4
Landline Introduction.....	5
Cell Phone Introduction .....	11
Core Section 1: Health Status (2020, SECTION 1) .....	16
Core Section 2: Healthy Days (2020, SECTION 2) .....	17
Core Section 3: Health Care Access .....	19
Core Section 4: Exercise (2020, SECTION 4).....	21
Core Section 5: Hypertension Awareness (2019, SECTION 4) .....	22
Core Section 6: Cholesterol Awareness (2019, SECTION 5) .....	23
Core Section 7: Chronic Health Conditions (2020, SECTION 6) .....	25
<b>Module 2: Diabetes (2020, MODULE 2) .....</b>	<b>28</b>
Core Section 8: Arthritis (2019, SECTION 7).....	30
Core Section 9: Demographics (2020, SECTION 8) .....	33
Core Section 10: Disability (2020, SECTION 9) .....	39
Core Section 11: Tobacco Use (2020, SECTION 10) .....	41
Core Section 12: Alcohol Consumption (2020, SECTION 12) .....	42
Core Section 13: Immunization (2019, SECTION 13).....	44
Core Section 14: H.I.V./AIDS (2020, SECTION 18) .....	46
Core Section 15: Fruits and Vegetables (2019, SECTION 12) .....	47
<b>Closing Statement/ Transition to Modules .....</b>	<b>50</b>
State Added 1: Adverse Childhood Experiences (minus 2 questions from optional module) .....	51
State Added 2: Family Planning .....	58
State Added 3: Food Assistance/Food Security.....	71
State Added 6: Medical Marijuana.....	73
State Added 5: Nearest Cross Streets .....	81
<b>ADULT Asthma Survey Continuation Script.....</b>	<b>84</b>
Closing Statement.....	141



## OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p><b>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</b></p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at <a href="mailto:ivk7@cdc.gov">ivk7@cdc.gov</a>.</p>
	<p>HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.</p>	

## Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to LL02		63
			2 No	TERMINATE	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	
LL02.	Is this a private residence?	PVTRES1	1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	64
			2 No	Go to LL03	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which	

					are also used for personal communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE	
LL03.	Do you live in college housing?	COLGHOUS	1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	65
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
LL04.	Do you currently live in __ (state) ____?	STATERE1	1 Yes	Go to LL05		66
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in [STATE] at this time.	
LL05.	Is this a cell phone?	CELPON1	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private	67

					residences or college housing at this time.	
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		68
			2 No	IF COLLEGE HOUSING = "YES," Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION]	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1.		69
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	

<b>LL08.</b>	I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?	NUMADULT	1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household?	70-71
			2-6 or more	Go to LL10.		
<b>LL09.</b>	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		72
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
<b>LL10.</b>	How many of these adults are men?	NUMMEN	__ Number 77 Don't know/ Not sure 99 Refused			73-74
<b>LL11.</b>	So the number of women in the household is [X]. Is that correct?	NUMWOMEN			Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female].	75-76
<b>LL12</b>	The person in your household that I need to	RESPSLCT	1 Male 2 Female	If person indicates that they are not		77



	speak with is [Oldest/Youngest / Middle//Male /Female]. Are you the [Oldest/Youngest / Middle//Male /Female] in this household?			the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming )		
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
<b>Transitio n to Section 1.</b>			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information If you have any questions about the survey,		Do not read: Introductory text may be reread when selected respondent is reached.  Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.	

			<p>please call (give appropriate state telephone number). This call may be monitored or recorded for quality control.</p>			
--	--	--	---	--	--	--

## Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CP01.</b>	Is this a safe time to talk with you?	SAFETIME	1 Yes 2 No	Go to CP02 ([set appointment if possible]) TERMINATE]	Thank you very much. We will call you back at a more convenient time.	78
<b>CP02.</b>	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes 2 No	Go to CP03 TERMINATE		79
<b>CP03.</b>	Is this a cell phone?	CELLFON5	1 Yes 2 No	Go to CADULT1 TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	80
<b>CP04.</b>	Are you 18 years of age or older?	CADULT1	1 Yes 2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	81
<b>CP05.</b>	Are you male or female?	CELLSEX	1 Male 2 Female 7 Don't Know/ Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	82

<b>CP06.</b>	Do you live in a private residence?	PVTRES D3	1 Yes	Go to CP08	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	83
			2 No	Go to CP07		
<b>CP07.</b>	Do you live in college housing?	CCLGHOU S	1 Yes	Go to CP08	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	84
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private	

					residences or college housing at this time.	
<b>CP08.</b>	Do you currently live in ____ (state) ____?	CSTATE1	1 Yes	Go to CP10		85
			2 No	Go to CP09		
<b>CP09.</b>	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon			86-87

			42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
<b>CP10.</b>	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.	88
<b>CP11.</b>	How many members of your household, including yourself, are 18	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is automatically set to 1		89-90

	years of age or older?					
<b>Transition to section 1.</b>			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).			

## Core Section 1: Health Status (2020, SECTION 1)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHS.01</b>	Would you say that in general your health is—	GENHLTH	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			101



## Core Section 2: Healthy Days (2020, SECTION 2)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHD.01</b>	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none". It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	102-103
<b>CHD.02</b>	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none". It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	104-105
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
<b>CHD.03</b>	During the past 30 days, for about how many days did poor physical	POORHLTH	__ Number of days (01-30) 88 None		88 may be coded if respondent says "never" or "none" It is not necessary to ask	106-107

	or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		77 Don't know/not sure 99 Refused		respondents to provide a number if they indicate that this never occurs.	
--	---	--	--------------------------------------	--	--	--

## Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current primary source of your health insurance?	PRIMINSR	<p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p>		<p>If respondent has multiple sources of insurance, ask for the one used most often.</p> <p>If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.</p>	108-109

			77 Don't Know/Not Sure 99 Refused			
<b>CHCA.02</b>	Do you have one person or a group of doctors that you think of as your personal health care provider?	PERSDOC3	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?	110
<b>CHCA.03</b>	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?	MEDCOST1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			111
<b>CHCA.04</b>	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	112

## Core Section 4: Exercise (2020, SECTION 4)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CEX.01</b>	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	113

## Core Section 5: Hypertension Awareness (2019, SECTION 4)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C05.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?	BPHIGH6	1 Yes		If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"  By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	114
			2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive or elevated blood pressure 7 Don't know / Not sure 9 Refused	Go to next section		
C05.02	Are you currently taking prescription medicine for your high blood pressure?	BPMEDS	1 Yes 2 No 7 Don't know / Not sure 9 Refused			115

## Core Section 6: Cholesterol Awareness (2019, SECTION 5)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C06.01	Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?	CHOLCHK3	1 Never	Go to next section.		116
			2 Within the past year (anytime less than one year ago)			
			3 Within the past 2 years (1 year but less than 2 years ago)			
			4 Within the past 3 years (2 years but less than 3 years ago)			
			5 Within the past 4 years (3 years but less than 4 years ago)			
			6 Within the past 5 years (4 years but less than 5 years ago)			
			8 5 or more years ago			
7 Don't know/ Not sure	Go to next section					
	9 Refused					

<b>C06.02</b>	Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?	TOLDHI3	1 Yes		By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	117
			2 No 7 Don't know / Not sure 9 Refused			
<b>C06.03</b>	Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?	CHOLMED3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent questions why they might take drugs without having high cholesterol read: 'High' cholesterol is just one group recommended statin therapy for cholesterol management in the 2013 and 2018 Cholesterol Guidelines.	118



## Core Section 7: Chronic Health Conditions (2020, SECTION 6)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure.					
<b>CCHC.01</b>	Ever told you that you had a heart attack also called a myocardial infarction?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			119
<b>CCHC.02</b>	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			120
<b>CCHC.03</b>	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			121
<b>CCHC.04</b>	(Ever told) (you had) asthma?	ASTHMA3	1 Yes			122
			2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
<b>CCHC.05</b>	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			123

<b>CCHC.06</b>	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			124
<b>CCHC.07</b>	(Ever told) (you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			125
<b>CCHC.08</b>	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	CHCCOPD3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			126
<b>CCHC.09</b>	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			127
<b>CCHC.10</b>	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?	CHCKDNY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	128
<b>CCHC.11</b>	(Ever told) (you had) diabetes?	DIABETE4	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	129

			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
<b>CCHC.12</b>	How old were you when you were told you had diabetes?	DIABAGE3	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		130-131

## Module 2: Diabetes (2020, MODULE 2)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				To be asked following Core CCHC.12; if response to CCHC.11 is Yes (code = 1)		
<b>M02.01</b>	Are you now taking insulin?	INSULIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			260
<b>M02.02</b>	About how often do you check your blood for glucose or sugar?	BLDSUGAR	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month  4 _ _ Times per year  888 Never  777 Don't know / Not sure 999 Refused		Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional.  Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'	261-263
<b>M02.03</b>	Including times when checked by a family member or friend, about how often do you check your feet for any	FEETCHK3	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month  4 _ _ Times per year			264-266

	sores or irritations?		555 No feet 888 Never 777 Don't know / Not sure 999 Refused			
<b>M02.04</b>	About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?	DOCTDIAB	__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			267-268
<b>M02.05</b>	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	CHKHEMO3	__ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	269-270
<b>M02.06</b>	About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?	FEETCHK	__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused	If M02.03 = 555 (No feet), go to M02.07		271-272
<b>M02.07</b>	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEEEXAM1	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago)			273

			3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
<b>M02.08</b>	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	DIABEYE	1 Yes 2 No 7 Don't know/ not sure 9 Refused			274
<b>M02.09</b>	Have you ever taken a course or class in how to manage your diabetes yourself?	DIABEDU	1 Yes 2 No 7 Don't know/ not sure 9 Refused			275

### Core Section 8: Arthritis (2019, SECTION 7)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C08.01</b>	Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH5	1 Yes			132
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		
<b>C08.02</b>	Has a doctor or other health professional ever suggested	ARTHEXER	1 Yes 2 No 7 Don't know / Not sure		If the respondent is unclear about whether this means increase or	133

	physical activity or exercise to help your arthritis or joint symptoms?		9 Refused		decrease in physical activity, this means increase.	
<b>C08.03</b>	Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?	ARTHEDU	1 Yes 2 No 7 Don't know / Not sure 9 Refused			134
<b>C08.04</b>	Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	LMTJOIN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment"	135
<b>C08.05</b>	In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?	ARTHDIS2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are	136

					taking any medication or treatment."	
<b>C08.06</b>	Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be?	JOINPAI2	__ __ Enter number [00-10] 77 Don't know/ Not sure 99 Refused			137-138



## Core Section 9: Demographics (2020, SECTION 8)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDEM.01</b>	What is your age?	AGE	__ Code age in years 07 Don't know/Not sure 09 Refused			139-140
<b>CDEM.02</b>	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	141-144
<b>CDEM.03</b>	Which one or more of the following would you say is your race?	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	145-172

				If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05		
<b>CDEM.04</b>	Which one of these groups would you say best represents your race?	ORACE3	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.  If respondent has selected multiple races in previous and refuses to select a single race, code refused	173-174
				If using Sex at Birth Module, insert here		
<b>CDEM.05</b>	Are you...	MARITAL	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			175
<b>CDEM.06</b>	What is the highest grade or	EDUCA	Read if necessary: 1 Never attended school or only attended kindergarten			176

	year of school you completed ?		2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			
<b>CDEM.07</b>	Do you own or rent your home?	RENTHOM1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangements may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	177
<b>CDEM.08</b>	In what county do you currently live?	CTYCODE2	__ _ ANSI County Code 777 Don't know / Not sure 999 Refused			178-180

			888 County from another state			
<b>CDEM.09</b>	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			181-185
				If cell interview go to CDEM12		
<b>CDEM.10</b>	Not including cell phones or numbers used for computers , fax machines or security systems, do you have more than one telephone number in your household ?	NUMHHOL3	1 Yes			186
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		
<b>CDEM.11</b>	How many of these telephone numbers are residential numbers?	NUMPHON3	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			187
<b>CDEM.12</b>	How many cell phones do you have for personal use?	CPDEMO1B	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	188
<b>CDEM.13</b>	Have you ever served on active	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not	189

	duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?				include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	
<b>CDEM.1 4</b>	Are you currently... ?	EMPLOY1	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say "select the category which best describes you".	190
<b>CDEM.1 5</b>	How many children less than 18 years of age live in your household ?	CHILDREN	_ _ Number of children 88 None 99 Refused			191-192
<b>CDEM.1 6</b>	Is your annual household income from all sources—	INCOME3	Read if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If	SEE CATI information of order of coding;  Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	193-194

			(\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more  Do not read: 77 Don't know / Not sure 99 Refused			
				Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). or (Age >49)		
<b>CDEM.17</b>	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			195
<b>CDEM.18</b>	About how much do you weigh without shoes?	WEIGHT2	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	196-199
<b>CDEM.19</b>	About how tall are you without shoes?	HEIGHT3	_ _ / _ _ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round	200-203

					fractions down	
--	--	--	--	--	-------------------	--

## Core Section 10: Disability (2020, SECTION 9)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDIS.01</b>	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			204
<b>CDIS.02</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			205
<b>CDIS.03</b>	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			206
<b>CDIS.04</b>	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			207
<b>CDIS.05</b>	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			208

<b>CDIS.06</b>	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			209
----------------	---	----------	--	--	--	-----



## Core Section 11: Tobacco Use (2020, SECTION 10)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CTOB.01</b>	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	210
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
<b>CTOB.02</b>	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days 3 Not at all  7 Don't know / Not sure  9 Refused			211
<b>CTOB.03</b>	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	212
<b>CTOB.04</b>	Do you now use e-cigarettes or other electronic vaping products every	ECIGNOW	1 Every day 2 Some days 3 Not at all 4 Never smoked e-cigs		Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-	213

	day, some days or not at all?		7 Don't know / Not sure 9 Refused		hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.	
--	-------------------------------	--	--------------------------------------	--	---	--

## Core Section 12: Alcohol Consumption (2020, SECTION 12)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CALC.01</b>	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	214-216
			888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section		
<b>CALC.02</b>	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.	AVEDRNK3	__ Number of drinks 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	217-218

	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?					
<b>CALC.03</b>	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted)		219-220
<b>CALC.04</b>	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	__ Number of drinks 77 Don't know / Not sure 99 Refused			221-222

## Core Section 13: Immunization (2019, SECTION 13)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CIMM.01</b>	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	FLUSHOT7	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.04	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	223
<b>CIMM.02</b>	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	FLSHTMY3	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			224-229
<b>CIMM.03</b>	At what kind of place did you get your last flu shot or vaccine?	IMFVPLA2	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store)		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12"	230-231

			06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 12 A drive though location at some other place than listed above 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused			
<b>CIMM.04</b>	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	232

## Core Section 14: H.I.V./AIDS (2020, SECTION 18)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHIV.01</b>	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?	HIVTST7	1 Yes		Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.	233
			2 No 7 Don't know/ not sure 9 Refused	Go to Next section		
<b>CHIV.02</b>	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	234-239

## Core Section 15: Fruits and Vegetables (2019, SECTION 12)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CFV.01	<p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.</p> <p>Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p>	FRUIT2	<p>1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused</p>		<p>If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.</p> <p>Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"</p> <p>Read if respondent asks what to include or says 'i don't know': include fresh, frozen or canned fruit. Do not include dried fruits.</p>	240-242

CFV.02	Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?	FRUITJU2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Read if respondent asks about examples of fruit-flavored drinks: "do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends."  Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"	243-245
CFV.03	How often did you eat a green leafy or lettuce salad, with or without other vegetables?	FVGREEN1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"  Read if respondent asks about spinach: "Include spinach salads."	246-248
CFV.04	How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?	FRENCHF1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"	249-251



			999 Refused		Read if respondent asks about potato chips: "Do not include potato chips."	
CFV.05	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?	POTATOE1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"  Read if respondent asks about what types of potatoes to include: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes."	252-254
CFV.06	Not including lettuce salads and potatoes, how often did you eat other vegetables?	VEGETAB2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"  Read if respondent asks about what to include: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice."	255-257

## Closing Statement/ Transition to Modules

Read if necessary	Read	CATI instructions (not read)
That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.		Read if no optional modules follow, otherwise continue to optional modules.

State Added 1: Adverse Childhood Experiences (minus 2 questions from optional module)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer			[CATI NOTE: IF NOT A STATE RESIDENT (STATERE1=2 OR CSTATE1=2) GO TO THE NEXT MODULE.]	Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.	

	<p>to the time period before you were 18 years of age.</p> <p>Me gustaría hacerle algunas preguntas sobre eventos que ocurrieron durante su infancia. Esta información nos permitirá entender mejor los problemas que pueden ocurrir a temprana edad en la vida y podría ayudar a otros en el futuro. Este es un tema sensible y algunas personas podrían sentirse incómodas al responder estas preguntas. Al final de esta sección, le entregaré un número de teléfono de una organización que puede proveerle información y derivaciones sobre estos asuntos. Por</p>					
--	---	--	--	--	--	--

	<p>favor, tenga en cuenta que me puede pedir que saltee alguna pregunta que no quiera responder. Todas las preguntas se refieren al período de tiempo antes de que tuviera 18 años de edad.</p>					
<b>ACEDEPRS</b>	<p>Did you live with anyone who was depressed, mentally ill, or suicidal? ¿Vivió con alguna persona que estaba deprimida, mentalmente enferma o suicida?</p>	<b>ACEDEPRS</b>	<p>1 Yes 2 No 7 Don't Know/Not Sure 9 Refused</p> <p>1 Sí 2 No 7 No sabe/No está seguro 9 Rehusó</p>			
<b>ACEDRINK</b>	<p>Did you live with anyone who was a problem drinker or alcoholic?  ¿Vivió con alguna persona que era un alcohólico o que tenía problemas con la bebida?</p>	<b>ACEDRINK</b>	<p>1 Yes 2 No 7 Don't Know/Not Sure 9 Refused</p> <p>1 Sí 2 No 7 No sabe/No está seguro 9 Rehusó</p>			
<b>ACEDRUGS</b>	<p>Did you live with anyone who used illegal street drugs or who abused</p>	<b>ACEDRUGS</b>	<p>1 Yes 2 No 7 Don't Know/Not Sure 9 Refused</p>			

	<p>prescription medications?</p> <p>¿Vivió con alguna persona que usó drogas ilegales de la calle o que abusaba de medicamentos recetados?</p>		<p>1 Sí</p> <p>2 No</p> <p>7 No sabe/No está seguro</p> <p>9 Rehusó</p>			
<b>ACEPRISN</b>	<p>Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?</p> <p>¿Vivió con alguien que pasó tiempo en la cárcel o fue sentenciado a cumplir una condena en una prisión, cárcel u otra institución penitenciaria?</p>	<b>ACEPRISN</b>	<p>1 Yes</p> <p>2 No</p> <p>7 Don't Know/Not Sure</p> <p>9 Refused</p> <p>1 Sí</p> <p>2 No</p> <p>7 No sabe/No está seguro</p> <p>9 Rehusó</p>			
<b>ACEDIVRC</b>	<p>Were your parents separated or divorced?</p> <p>¿Estaban separados o divorciados sus padres?</p>	<b>ACEDIVRC</b>	<p>1 Yes</p> <p>2 No</p> <p>8 Parents not married</p> <p>7 Don't Know/Not Sure</p> <p>9 Refused</p> <p>1 Sí</p> <p>2 No</p> <p>8 Los padres no estaban casados</p> <p>7 No sabe / No está seguro</p>			

			9 Rehusó			
<b>ACEPUNCH</b>	<p>How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?</p> <p>Was it...</p> <p>¿Cada cuánto los padres o adultos en su casa se pegaban cachetadas, puñetazos, pateaduras, golpes o se pelearon físicamente?</p>	<b>ACEPUNCH</b>	<p>Read:</p> <p>1 Never</p> <p>2 Once</p> <p>3 More than once</p> <p>Don't Read:</p> <p>7 Don't know/Not Sure</p> <p>9 Refused</p> <p>1 Nunca</p> <p>2 Una vez 3 Más de una vez</p> <p>DO NOT READ:</p> <p>7 No sabe / No está seguro</p> <p>9 Rehusó</p>			
<b>ACEHURT1</b>	<p>Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—</p> <p>Sin incluir nalgadas (antes de los 18 años de edad), ¿con qué frecuencia uno de los padres o adultos en su casa le pegó puñetazos,</p>	<b>ACEHURT1</b>	<p>Read:</p> <p>1 Never</p> <p>2 Once</p> <p>3 More than once</p> <p>Don't Read:</p> <p>7 Don't know/Not Sure</p> <p>9 Refused</p> <p>1 Nunca</p> <p>2 Una vez 3 Más de una vez</p> <p>DO NOT READ:</p> <p>7 No sabe / No está seguro</p> <p>9 Rehusó</p>			

	pateaduras, golpes o lo lastimaron físicamente de alguna manera? Diría que...					
<b>ACESWEAR</b>	<p>How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...</p> <p>¿Con qué frecuencia uno de los padres o un adulto en su casa uso profanidades, lo insultó o lo hizo sentir mal?</p>	<b>ACESWEAR</b>	<p>Read:</p> <p>1 Never 2 Once 3 More than once</p> <p>Don't Read:</p> <p>7 Don't know/Not Sure 9 Refused</p> <p>1 Nunca 2 Una vez 3 Más de una vez</p> <p>DO NOT READ:</p> <p>7 No sabe / No está seguro 9 Rehusó</p>			
<b>ACETOUGH</b>	<p>How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...</p> <p>¿Con qué frecuencia alguien que era por lo menos cinco años mayor que usted o un adulto lo tocó sexualmente? ¿Diría que</p>	<b>ACETOUGH</b>	<p>Read:</p> <p>1 Never 2 Once 3 More than once</p> <p>Don't Read:</p> <p>7 Don't know/Not Sure 9 Refused</p> <p>1 Nunca 2 Una vez 3 Más de una vez</p> <p>DO NOT READ:</p> <p>7 No sabe / No está seguro 9 Rehusó</p>			



<b>ACETTHEM</b>	<p>How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...</p> <p>¿Con qué frecuencia alguien que era por lo menos cinco años mayor que usted o un adulto trató de lograr que usted lo tocara sexualmente? ¿Diría que...</p>	<b>ACETTHEM</b>	<p>Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused</p> <p>1 Nunca 2 Una vez 3 Más de una vez DO NOT READ: 7 No sabe / No está seguro 9 Rehusó</p>			
<b>ACEHVSEX</b>	<p>How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...</p> <p>¿Con qué frecuencia alguien que era por lo menos cinco años mayor que usted o un adulto lo obligó a tener relaciones sexuales? ¿Diría que...</p>	<b>ACEHVSEX</b>	<p>Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused</p> <p>1 Nunca 2 Una vez 3 Más de una vez DO NOT READ: 7 No sabe / No está seguro 9 Rehusó</p>			

<b>Intro</b>	<p>As I mentioned when we started this section, I will give you a phone number for an organization that can provide information and referral for these issues. Would you like me to give you that number?</p> <p>Como mencioné al comienzo de esta sección, le daré un número de teléfono de una organización que puede proveerle información y derivaciones sobre estos asuntos. ¿Desea que le diga dicho número?</p>	<p>1 Yes 2 No</p>			<p>If yes, provide information: National Hotline for child abuse is 1-800-422-4-A-CHILD (1-800-422-4453). AZ Helpline: 1- 877-211-8661 or website at: <a href="http://www.cir.org/211arizona">http://www.cir.org/211arizona</a></p>	
--------------	--	-----------------------	--	--	---	--

## State Added 2: Family Planning

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column (s)
<b>Intro Screen</b>	The next set of questions asks you about your thoughts and experiences with family planning. Please			<p>If respondent is female and greater than 49 years of age, or if respondent is male go to the next module.</p> <p>[CATI NOTE: IF NOT A STATE RESIDENT (STATERE1=2 OR CSTATE1 =2) GO TO THE NEXT MODULE.]</p>		

	<p>remember that all of your answers will be kept confidential.</p> <p>El siguiente conjunto de preguntas son sobre la planificación familiar. Recuerde que todas sus respuestas se mantendrán confidenciales.</p>					
<b>AZ2_1</b>	<p>This question is about discussions that occurred as part of a routine health care visit. DO NOT include visits while pregnant, also called prenatal care visits.</p> <p>Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby?</p> <p>La siguiente pregunta es sobre las conversaciones que ha</p>		<p>01 Yes 02 No 77 Don't Know/Not Sure 99 Refused</p> <p>01 = Si 02 = No 77 = No Sabe 99 = No Contesta</p>			

	<p>tenido como parte de su consulta médica de rutina. NO incluya las consultas médicas durante el embarazo, también llamadas consultas prenatales.</p> <p>¿Alguna vez un médico, una enfermera u otro miembro del personal médico le ha hablado sobre cómo prepararse para tener un embarazo sano y un bebé saludable?</p>					
<b>AZ2_2</b>	<p>Have you ever been pregnant?</p> <p>¿Alguna vez ha estado embarazada?</p>		<p>01 Yes 02 No 77 Don't Know/Not Sure 99 Refused</p> <p>01 = Si 02 = No 77 = No Sabe 99 = No Contesta</p>	<p>CATI NOTE: If PREGNANT=1, Autofill AZ2_2 = 1</p>	<p>INTERVIEWER NOTE: If respondent is currently pregnant, code Yes.</p>	
<b>AZ2_3</b>	<p>Did you or your husband/part</p>		<p>01 Yes</p>	Continue		
			02 No	Go to AZ2_5		

	<p>ner do anything the last time you had sex to keep you from getting pregnant?</p> <p>La última vez que tuvieron relaciones sexuales, usted o su esposo/pareja hicieron algo para evitar un embarazo?</p>		<p>03 No partner/ not sexually active 04 Same sex partner 77 Don't know / Not sure 99 Refused</p> <p>01 = Si 02 = No 03 = Ninguna pareja no sexualment6e activa 04 = La misma pareja sexual 77 = No Sabe 99 = No Contesta</p>	<p>Go to AZ2_6</p> <p>Go to AZ2_6</p> <p>Go to AZ2_6</p> <p>Go to AZ2_6</p>		
<b>AZ2_4</b>	<p>What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?</p> <p>La última vez que tuvieron relaciones sexuales, ¿qué hicieron usted o su esposo/pareja para evitar un embarazo?</p>		<p>Read if necessary:</p> <p>01 Female sterilization (ex. Tubal ligation, Essure, Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon) 04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylenea)</p>	<p>Ask If AZ2_3=01</p>	<p>INTERVIEWER NOTE: If respondent reports using more than one method, please code the method that occurs first on the list.</p> <p>If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms."</p> <p>If respondent</p>	

			05 IUD, Copper-bearing (ex. ParaGard) 06 IUD, type unknown 07 Shots (ex. Depo-Provera or DMPA) 08 Birth control pills, any kind 09 Contraceptive patch (ex. Ortho Evra, Xulane) 10 Contraceptive ring (ex. NuvaRing)		reports using an "I.U.D." probe to determine if "levonorgestrel I.U.D." or "copper-bearing I.U.D."  If respondent reports "other method," ask respondent to "please specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.	
			11 Male condoms 12 Diaphragm, cervical cap, sponge 13 Female condoms 14 Not having sex at certain times (rhythm or natural family planning) 15 Withdrawal (or pulling out) 16 Foam, jelly, film, or cream 17 Emergency contraception (morning after pill) 18 Other method Do not read:			

			<p>77 Don't know/ Not sure</p> <p>99 Refused</p> <p>01 Esterilización femenina (p. ej., ligadura de trompas, Essure, Adiana)</p> <p>02 Esterilización masculina (vasectomía)</p> <p>03 Implante anticonceptivo (p. ej., Nexplanon, Jadelle, Sino Implant , Implanon)</p> <p>04 DIU o dispositivo intrauterino de Levonorgestrel (LEE-von-nor-JES-trel) (LNG) u DIU hormonal (p. ej., Mirena, Skyla, Liletta, Kyleena)</p> <p>05 DIU de alambre de cobre (p. ej., ParaGard)</p> <p>06 DIU de tipo desconocido</p> <p>07 Inyecciones (p. ej., Depo-Provera o DMPA )</p> <p>08 Pastillas anticonceptivas de cualquier tipo</p>		
--	--	--	---	--	--

			09 Parche anticonceptivo (p. ej., Ortho Evra, Xulane ) 10 Anillo anticonceptivo (p. ej., NuvaRing) 11 Condones para hombres 12 Diafragma, capuchón cervical o esponja 13 Condones para mujeres 14 No tiene relaciones sexuales en ciertos días (método de ritmo o método anticonceptivo natural) 15 Retiro antes de la eyaculación (eyacula afuera) 16 Espuma, gel, película o crema anticonceptiva 17 Anticonceptivos de emergencia (pastilla de la "mañana siguiente") 18 Otro método			
AZ2_5	Some reasons for not doing anything to keep you from getting		Read if necessary:  01 You didn't think you were going to	ask if AZ2_3=02	If respondent reports "other reason," ask respondent	



	<p>pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant. What was your main reason for not using a method to prevent pregnancy the LAST TIME YOU HAD SEX with a man?</p> <p>Algunas razones para no hacer nada para evitar quedar embarazada la última vez que tuvo relaciones sexuales pueden incluir el querer un embarazo, no poder pagar por el control de la natalidad o no pensar que podría quedar embarazada. ¿Cuál fue su razón principal para</p>	<p>have sex/no regular partner</p> <p>02 You just didn't think about it/Don't care if you get pregnant</p> <p>03 You want a pregnancy</p> <p>04 You or your partner don't want to use birth control</p> <p>05 You or your partner don't like birth control/side effects</p> <p>06 You couldn't pay for birth control</p> <p>07 You had a problem getting birth control when you needed it</p> <p>08 Religious reasons</p> <p>09 Lapse in use of a method</p> <p>10 Don't think you or your partner can get pregnant (infertile or too old)</p> <p>11 You had tubes tied (sterilization)</p> <p>12 You had a hysterectomy</p> <p>13 Your partner had a vasectomy (sterilization)</p>		<p>to "please specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.</p>	
--	---	---	--	--	--

	no usar un método para prevenir el embarazo la última vez que tuvo relaciones sexuales con un hombre?		<p>14 You are currently breast-feeding</p> <p>15 You just had a baby/postpartum</p> <p>16 You are pregnant now</p> <p>17 Same sex partner</p> <p>18 Other reasons</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> <p>01 No pensaba que iba a tener una relación sexual/no tiene una pareja fija</p> <p>02 Simplemente no pensó que podía quedar embarazada/no le importaba quedar embarazada</p> <p>03 Quería quedar embarazada</p> <p>04 Usted o su pareja no quieren usar métodos anticonceptivos</p> <p>05 A usted o a su pareja no les gustan los métodos anticonceptivos</p>			
--	---	--	---	--	--	--

			<p>os o sus efectos secundarios</p> <p>06 No tuvo dinero para comprar un método anticonceptivo</p> <p>07 Tuvo problemas para conseguir un método anticonceptivo cuando lo necesitó</p> <p>08 Motivos religiosos</p> <p>09 Interrumpió brevemente el uso de un método anticonceptivo</p> <p>10 No cree que usted o su pareja puedan tener hijos (infértil o edad avanzada)</p> <p>11 Le ligaron las trompas (esterilización) [Pase al módulo siguiente]</p> <p>12 Le hicieron una histerectomía [Pase al módulo siguiente]</p> <p>13 Su pareja tuvo una vasectomía (esterilización)</p>			
--	--	--	--	--	--	--

			14 Está amamantando o actualmente 15 Acababa de tener un bebé/posparto 16 Está embarazada actualmente [Pase a P7] 17 Pareja del mismo sexo 18 Otro motivo			
<b>AZ2_6</b>	How do you feel about having a child now or sometime in the future? Would you say:  ¿Qué piensa sobre tener un bebé ahora o en el futuro? ¿Diría usted que...?		Please read: 01 You don't want to have one 02 You do want to have one, less than 12 months from now 03 You do want to have one, between 12 months to less than 2 years from now 04 You do want to have one, between 2 years to less than 5 years from now 05 You do want to have one, 5 or more years from now Do not read: 77 Don't know / Not sure 99 Refused  Please read:	ask if (AZ2_3=3,4,7,9) OR (AZ2_4=3-99) OR (AZ2_5=1,2,3,4,5,6,7,8,9,10,14,15,17,18,77,99)		

			01 No quiere tener un bebé 02 Quiere tener un bebé dentro de menos de 12 meses 03 Quiere tener un bebé entre s 12 meses y menos de 2 años a partir de ahora 04 Quiere tener un bebé entre 2 años y menos de 5 años a partir de ahora 05 Quiere tener un bebé dentro de 5 años o más a partir de ahora DO NOT READ 77 No sé 99 rechazado		
<b>AZ2_7</b>	How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin?  ¿Cuántas veces a la semana toma actualmente multivitamínicos, una vitamina prenatal o		01 0 times a week 02 1 to 3 times a week 03 4 to 6 times a week 04 Every day of the week 77 Don't know / Not sure 99 Refused  01 0 veces por semana 02 1 a 3 veces por semana 03 4 a 6 veces por semana	ask if (AZ2_5 =1,2,3,4,5,6,7,8,9,10,14,15,16,17, 18,77,99) or (AZ2_4=1,2)	

	vitamina de ácido fólico?		04 Todos los días de la semana  77 No sé 99 rechazado			

### State Added 3: Food Assistance/Food Security

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>AZ3_1</b>	<p>In the past 12 months, did you or anyone in your household get food stamps or a food stamp benefit card?</p> <p>Durante los ultimos 12 meses, obtuvo usted o alguien que viva con usted cupones de alimentos o una tarjeta de beneficios de cupones de alimentos?</p>		<p>01 Yes 02 No 97 Don't Know/Not Sure 99 Refused</p> <p>01 = Si 02 = No 97 = No Sabe 99 = No Contesta</p>	[CATI NOTE: IF NOT A STATE RESIDENT (STATERE1=2 OR CSTATE1 =2) GO TO THE NEXT MODULE.]	INTERVIEWER NOTE: The food stamp program is now called SNAP (for Supplemental Nutrition Assistance Program)	
<b>AZ3_2</b>	<p>In the past 12 months, did any women or children in this household get food through the WIC program?</p> <p>Durante los ultimos 12 meses, alguna mujer o niño que viva con usted obtuvo alimentos a traves del programa WIC?</p>		<p>01 Yes 02 No 97 Don't Know/Not Sure 99 Refused</p> <p>01 = Si 02 = No 97 = No Sabe 99 = No Contesta</p>			

<b>AZ3_3</b>	<p>In the past 12 months, did any children in your household between 5 and 18 years old receive free or reduced-cost lunches at school?</p> <p>Durante los últimos 12 meses, algún niño de entre 5 y 18 años de edad que viva con usted recibió almuerzos gratis o de costo reducido en la escuela?</p>		<p>01 Yes 02 No 97 Don't Know/Not Sure 99 Refused</p> <p>01 = Si 02 = No 97 = No Sabe 99 = No Contesta</p>			
<b>AZ3_4</b>	<p>How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed</p> <p>¿Con qué frecuencia en los últimos 12 meses diría que estaba preocupado o estresado por tener suficiente</p>		<p>PLEASE READ: 01 Always 02 Usually 03 Sometimes 04 Rarely 05 Never DO NOT READ: 08 Not applicable 77 Don't know / Not sure 99 Refused</p> <p>01 Siempre 02 Habitualmente 03 Algunas veces 04 Raramente 05 Nunca</p>	[CATI NOTE: IF NOT A STATE RESIDENT (STATERE1=2 OR CSTATE1 =2) GO TO THE NEXT MODULE.]		



	dinero para comprar comidas nutritivas? ¿Diría que estaba preocupado o estresado...					
--	---	--	--	--	--	--

## State Added 6: Medical Marijuana

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Intro</b>	<p>Marijuana use in Arizona has become more common in recent years. It is important to monitor the impact that is having upon general health, and also understand how patterns of use among Arizonans is changing.</p> <p>El consumo de marihuana en Arizona se ha vuelto más común en los últimos años. Es importante monitorear el impacto que está teniendo sobre la salud general y también comprender cómo están cambiando los patrones de uso entre los arizonenses.</p>			[CATI NOTE: IF NOT A STATE RESIDENT (STATERE1=2 OR CSTATE1=2) GO TO THE NEXT MODULE.]		

<b>AZ6_1</b>	<p>In the past year, have you ever used marijuana or hashish ? Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to.</p> <p>En el último año, ¿alguna vez consumió marihuana o hachís? Recuerde que sus respuestas son estrictamente confidenciales y que no tiene que responder a todas las preguntas si no desea.</p>		<p>Select all that apply:  01 = Yes, for non-medical use.  02 = Yes, for medical use.  03 = No, not at all.  Do not read:  77 = Don't know  99 = refused</p> <p>01 = Sí, para uso no médico.  02 = Sí, para uso médico.  03 = No, en absolute.  77 = No lo sé  99 = rechazado</p>		INTERVIEWER NOTE: If Yes, Ask is that for non-medical or for medical use or both?	
<b>AZ6_2</b>	<p>During the past 30 days, on how many days did you use marijuana or hashish?</p> <p>Durante los últimos 30 días, ¿cuántos días usó marihuana o hachís?</p>		<p>RANGE 1-30  [NUMBER BOX]  1-30 = Number of Days  88 = None  77 = Don't know/not sure  99 = Refused</p> <p>1-30 = Número de días  88 = Ninguno  77 = No sé / No estoy seguro  99 = Rechazado</p>	Ask if (AZ6_1=01 or 02)		
<b>AZ6_3</b>	<p>About how much does marijuana cost you each month? Would you say it costs . . .</p> <p>Aproximadamente, ¿cuánto le cuesta la marihuana cada</p>		<p>01 = less than \$50 per month  02 = at least \$50 per month, but less than \$100 per month  03 = at least \$100 per month, but less than \$125 per month</p>	Ask if (AZ6_1=01 or 02)		

	mes? Diría que cuesta...		<p>04 = at least \$125 per month, but less than \$250 per month</p> <p>05 = at least \$250 per month, but less than \$500 per month</p> <p>06 = at least \$500 per month, but less than \$750 per month</p> <p>07 = at least \$750 per month, but less than \$1,000 per month</p> <p>08 = at least \$1,000 per month, but less than \$1,250 per month</p> <p>09 = at least \$1,250 per month, but less than \$1,500 per month</p> <p>10 = \$1,500 per month or more</p> <p>Do not read:</p> <p>77 = Don't know/not sure</p> <p>99 = Refused</p> <p>01= menos de \$50 por mes</p> <p>02 = al menos \$50 por mes, pero menos de \$100 por mes</p> <p>03 = al menos \$100 por mes, pero menos de \$125 por mes</p> <p>04 = al menos \$125 por mes, pero menos de \$250 por mes</p> <p>05 = al menos \$250 por mes, pero menos de \$500 por mes</p>			
--	--------------------------	--	--	--	--	--

			06 = al menos \$500 por mes, pero menos de \$750 por mes 07 = al menos \$750 por mes, pero menos de \$1,000 por mes 08 = al menos \$1,000 por mes, pero menos de \$1,250 por mes 09 = al menos \$1,250 por mes, pero menos de \$1,500 por mes 10 = \$1,500 por mes o más 77 = No sé / No estoy seguro 99 = Rechazado			
<b>AZ6_4</b>	<p>During the past 30 days, how did you use marijuana? Please tell me all that apply. Did you....</p> <p>¿De qué manera ha consumido marihuana en los últimos 30 días? Por favor, cuéntenos todo lo que corresponda. Usted...</p>		<p>Read List:  Select all that apply:  01 = Smoke it [if needed: (in a joint, bong, pipe, or blunt)]  02 = Eat it [if needed: (in brownies, cakes, cookies, or candy)]  03 = Drink it [if needed: (in tea, cola, or alcohol)]  04 = Vaporize it [if needed: (in an e-cigarette-like vaporizer)]  05 = Dab it [if needed: (using butane hash oil, wax, or concentrates)]  06 = Use it some other way  Do not read:  77 = Don't know/Not sure  99 = Refused</p>	Ask if AZ6_2 = 1-30	INTERVIEWER NOTE: Use clarification in parentheses if needed. Select all that apply	

			<p>01 = Lo fumó ( De ser necesario: cigarrillo, Pipa de agua o, pipa)</p> <p>02 = La comió (De ser necesario: (en brownies, tortas, galletas o caramelos )</p> <p>03 = La bebió (De ser necesario: (en té, cola o en bebidas alcohólicas ]</p> <p>04 = La vaporizó (De ser necesario: (en un vaporizador como de cigarrillo electrónico))</p> <p>05 = La usa en concentrado o "dabbing" (De ser necesario: ( mediante el uso de aceite de hachís butano, cera, o concentrados))</p> <p>06 = La utilizó de otra manera</p> <p>77 = No sé / No estoy Seguro [EXCLUSIVO]</p> <p>99 = Rechazado [EXCLUSIVO]</p>			
<b>AZ6_5</b>	<p>During the past year, have you been issued an Arizona Medical Marijuana Qualifying Patient Card?</p> <p>Durante el último año, ¿se le ha emitido una Credencial para uso autorizado de Marihuana</p>		<p>01 Yes</p> <p>02 No</p> <p>77 Don't Know/Not Sure</p> <p>99 Refused</p> <p>01 = Si</p> <p>02 = No</p> <p>77 = No sé/ no esta seguro</p> <p>99 = Rechazado</p>	Ask if STATE=Arizona resident		

	Medicinal en Arizona (Arizona Medical Marijuana Qualifying Patient Card)?					
<b>AZ6_6</b>	<p>For which listed medical conditions did you qualify for an Arizona Medical Marijuana Qualifying Patient Card? (choose all for which you qualified)</p> <p>¿Para qué enfermedades usted calificó para una Credencial para uso autorizado de Marihuana Medicinal en Arizona? (Seleccione todas las opciones para las que calificó)</p>		<p>Read List: Select all that apply: 01 = 'Cancer' 02 = 'Hep C' 03 = 'Cachexia' 04 = 'Seizures' 05 = 'Glaucoma' 06 = 'Sclerosis' 07 = 'Alzheimers' 08 = 'Chronic Pain' 09 = 'Muscle Spasms' 10 = 'HIV/AIDS' 11 = 'Crohns Disease' 12 = 'Nausea' 13 = 'PTSD' (Post Traumatic Stress Disorder) Do not read: 77 = Don't know/not sure 99 = Refused</p>	Ask if AZ6_5=01	INTERVIEWER NOTE: Select all that apply	
<b>AZ6_7</b>	<p>During the past 30 days, have any of the following been a barrier to obtaining marijuana for treatment of a medical condition?</p> <p>¿Alguna de estas opciones ha sido un impedimento para obtener marihuana para uso terapéutico durante los últimos 30 días?</p>		<p>Read List: Select all that apply: 01 = Cost of marijuana 02 = Location of nearest licensed dispensary 03 = Lack of information on medical marijuana use (which product to use) 04 = Unable to obtain a Designated Caregiver 05 = Some Other reason (Please Specify _____) Do not read:</p>	Ask if AZ6_5=01	INTERVIEWER NOTE: Select all that apply	

			<p>06 = No Barriers 77 = Don't know/not sure 99 = Refused</p> <p>1= El costo de la marihuana 2 = La ubicación del dispensario más cercano 3 = Falta de información acerca del uso terapéutico de la marihuana (como por ejemplo, qué producto se puede utilizar) 4 = No pudo obtener un Cuidador Designado 5 = Otras razones (especifique): [TEXT BOX]</p> <p>6 = No hay barreras</p>			
<b>AZ6_8</b>	<p>During the past 6 months, have you experienced adverse health effects after using marijuana (such as anxiety, panic, nausea, vomiting, breathing problems)?</p> <p>¿Usted ha experimentado efectos adversos de la salud luego de la utilización de marihuana (por ejemplo, ansiedad, pánico, náuseas, vómitos, problemas respiratorios)</p>		<p>01 Yes 02 No 77 Don't Know/Not Sure 99 Refused</p> <p>01 = Si 02 = No 77 = No sé/ no esta seguro 99 = Rechazado</p>	Ask if (AZ6_1=01 or AZ6_5=01)		

	durante los últimos 6 meses?					
--	---------------------------------	--	--	--	--	--



## State Added 5: Nearest Cross Streets

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
AZ5_1	<p>In order to help us learn more about environmental factors in your area, we'd like to know what the nearest intersection to your home is. This information will only be used to group your responses with others from your neighborhood. Please name the two crossstreets of this intersection</p> <p>Con el fin de ayudarnos a aprender más acerca de los factores ambientales en su área, nos gustaría saber cuál es la intersección más cercana, a su casa. Esta información sólo será utilizada para agrupar sus</p>		1 continue	<p>CATI NOTE: IF NOT A STATE RESIDENT (STATERE1= 2 OR CSTATE1 =2) GO TO THE NEXT MODULE.]</p> <p>Only asked if respondent is an Arizona state resident (stateres=1)</p>		

	respuestas con otras personas de su vecindario. Por favor nombre los dos cruces de las calles más cercanas a la intersección.					
<b>AZ5_1a</b>	What is the name of the first street?  ¿Cuál es el nombre de la calle primera?		01 Gave Response 77 Don't know/Not sure 99 Refused		Interviewer Note: Ask if Street, Road, Avenue or something else. Verify spelling. Use abbreviations for directionals and streets types.	
<b>AZ5_1ao</b>	Record first street.		ENTER FIRST STREET NAME: _____	Ask if AZ5_1a=01	Interviewer Note: Ask if Street, Road, Avenue or something else. Verify spelling. Use abbreviations for directionals and streets types.	
<b>AZ5_1b</b>	What is the name of the second street?  ¿Cuál es el nombre de la calle segunda?		01 Gave Response 77 Don't know/Not sure 99 Refused		Interviewer Note: Ask if Street, Road, Avenue or something else. Verify spelling. Use abbreviations for directionals and streets types.	
<b>AZ5_1bo</b>	Record second street.		ENTER SECOND STREET NAME: _____	Ask if AZ5_1b=01	Interviewer Note: Ask if Street, Road, Avenue or something else. Verify spelling. Use abbreviations for directionals and streets types.	
<b>AZ5_2</b>	The streets I recorded for the closest intersection are: [insert AZ5_1ao] and [insert AZ5_1bo] Is this correct?  Las calles que registré para		1 Yes, both correct 2 No, both incorrect (go back to AZ5_1a/AZ5_1b) 3 No, first incorrect (go back to AZ5_1a) 4 No, second incorrect (go back to AZ5_1b)  _____	if az5_2=2 go back to az5_1a/az5_1b  if az5_2=3 go back to az5_1a  if az5_2=4 go back to az5_1b	Interviewer Note: Ask if Street, Road, Avenue or something else. Verify spelling. Use abbreviations for directionals and streets types.	

	la intersección más cercana son: [insert az5_1ao] y/e [insert az5_1bo] ¿Es esto correcto?					
--	---	--	--	--	--	--

# Asthma Call-Back Permission Script

## ADULT Asthma Survey Continuation Script

CATI: IF ASTHMA3 = 1, continue;

*Qualified Level 3*

DUMMY VARIABLE: Asthma Selection

IF ASTHMA3=1, SELECT ADULT.

ALL RESPONDENTS SELECTED FOR THE ADULT ASTHMA INTERVIEW CONTINUE

**ASTELIG = 1**

AUTOFILL ADLTCHLD=1

ADLTCHLD Which person in the household was selected as the focus of the asthma call-back?

- 1 Adult
- 2 Child

**RECRUIT**

Thank you for your participation. You qualify for a follow-up survey that is being conducted to better understand **(your)** experiences with asthma. The information will be used to help develop and improve the asthma programs in **[Arizona]**. Again your answers are completely confidential and used only for statistical purposes.

If you don't have any questions we can get started now.

- 1 Yes - Continue now **[Go to Pre CHILDName]**
- 2 No **[Go to CALLBACK]**

**CALLBACK**

**[INTERVIEWER, SAY IF NECESSARY: I understand your time is valuable and you may be tired from having completed the first interview.]**

If you prefer, we could call you again within the next 2 weeks and ask the additional asthma-related questions at that time. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back at a later time?

- 1 Yes
- 2 No **[THANK AND TERMINATE]**

**ASTCB = 1 (IF CALLBACK=1)**

**ASTCB = 2 (IF CALLBACK=2)**

**ASTSTAT = 3 (IF CALLBACK=2)**

**STAT = 2 (IF ASTELIG=1)**

Pre CHILDName: If ADLTCHLD=2; ask CHILDName; else go to PreADULTName.

**CHILDName**

Can I please have your child's first name, initials or nickname [IF CALLBACK=1 display "so we can ask about the right child when we call back"]? This is the {CHILDAGE} year old child which is the {AGESEL.} CHILD.

[CATI: If more than one child, show child age {#} and which child was selected (*FIRST, SECOND, ETC.*) from child selection module]

Enter child's first name, initials or nickname: \_\_\_\_\_  
Refused ..... 99

**KNOWMOST**                    **Are you the parent or guardian in the household who knows the most about {CHILName}'s asthma?**

- (1) YES (GO TO PreADULTName)
- (2) NO (IF CALLBACK=1, GO TO ALTName)
- (7) DON'T KNOW/NOT SURE (IF CALLBACK=1, GO TO ALTName)
- (9) REFUSED (IF CALLBACK=1, GO TO ALTName)

**ALTPRESENT**                    **IF RECRUIT=1, ASK ALTPRESENT**  
**If the parent or guardian who knows the most about {CHILName}'s asthma is present, may I speak with that person now?**

- (1) YES [respondent transfers phone to alternate] GOTO PreADULTName:
- (2) Person is not available
- (7) DON'T KNOW/NOT SURE [THANK AND TERMINATE]
- (9) REFUSED [THANK AND TERMINATE]

**ALTName**                    **Can I please have the first name, initials or nickname of the person so we can call back and ask for them by name?**

- (1) Alternate's Name: \_\_\_\_\_ [GOTO ALTCBTime]
- (7) DON'T KNOW/NOT SURE [THANK AND TERMINATE]
- (9) REFUSED [THANK AND TERMINATE]

**ALTCBTime:**

**When would be a good time to call back and speak with {ALTName}. For example, evenings, days, weekends?**

Enter day/time: \_\_\_\_\_ [GOTO ASTCLBK]]

**Pre ADULTName: ASTHMA3 = 1 or CASTHDX2 = 1 ASK ADULTName, else go to CLOSING.**

**ADULTName** [IF ALTPRESENT=1 display "Hello, my name is \_\_\_\_\_. I have been told that you are more knowledgeable about {CHILName}'s asthma. It would be better if you would complete this interview.]

**Can I please have your first name, initials or nickname [IF CALLBACK=1 display "so we know who to ask for when we call back"]?**

Enter respondent's first name, initials or nickname: \_\_\_\_\_  
Refused ..... 99

**BRFSSTAT (BRFSCOMP) = 1**

**CATI: IF RECRUIT=1 and KNOWMOST=1, Go to SECTION 2 (Informed Consent)**

**CATI: IF RECRUIT=1 and ALTPRESENT=1, Go to SECTION 1**

**CATI: IF CALLBACK=1, THEN READ BELOW:**

**ASTCLBK** Thank you very much for your time and cooperation. We will be in touch regarding **[your/the child's]** asthma within the next several days. Is there specific day and time that would be best for you?

**[INTERVIEWER NOTE: Upon call back, select option 3 to continue survey ]**

1. Yes      **CALLBACK MENU**
2. No (schedule for one week from today, current time)      **CALLBACK MENU**
3. CONTINUE SURVEY      **GO TO Section 1: Introduction**

## Closing Statement

**Please read:**

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in **Arizona**. Thank you very much for your time and cooperation.

# BRFSS/ASTHMA SURVEY ADULT & CHILD QUESTIONNAIRE - 2020 CATI SPECIFICATIONS

**ASTSTAT = 2**

## SAMPLE ELEMENTS

### PATIENT TYPE

1. Adult
2. Child

### ADULT NAME

#### ADULT SEX

1. Male
2. Female

### CHILD NAME

#### CHILD SEX

1. Male
2. Female

### BRFSS 'ASTHNOW'

1. Yes
2. No
5. SYSTEM MISSING
7. Don't Know
9. Refused

### BRFSS 'CASTHNO2'

1. Yes
2. No
5. SYSTEM MISSING
7. Don't Know
9. Refused

**CATI Programmers: IF INTERVIEW BREAKS OFF AT ANY POINT LEAVE REMAINING FIELDS BLANK. DO NOT FILL WITH ANY VALUE.]**

MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code "4471 Respondent was misdiagnosed; never had asthma" as a final code and terminate the interview.

## Section 1. Introduction

### INTRODUCTION TO THE BRFSS Asthma call back for Adult respondents with asthma:

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the **Arizona Department of Health Services** and the Centers for Disease Control and Prevention about an asthma {ALTERNATE: a health} study we are doing in your State. During a recent phone interview {sample person first name or initials} indicated {he/she} would be willing to participate in this study [if child selected: about //child's name//].

IF CONTINUATION SKIP TO Q1.1

IF FRAME=2 (CELL PHONE) ASK SAFE, IF FRAME=1 SKIP TO Q1.1

**SAFE** Is this a safe time to talk with you?

Yes [Go to 1.1]  
No CALLBACK

**1.1 Are you {ADULT name/ALTName}?**

1. Yes (go to Pre-1.5)
2. No

IF PATIENT TYPE=1 ADULT ASK 1.2, IF PATIENT TYPE=2 CHILD ASK C1.2

**1.2 May I speak with {ADULT name}?**

1. Yes (go to 1.4 when sample person comes to phone)
2. No, not available now

If not available set time for return call in 1.3

3. No, not at this number (GET NEW NUMBER)

IF PATIENT TYPE=1 ADULT ASK 1.2, IF PATIENT TYPE=2 CHILD ASK C1.2

**C1.2 May I speak with {ADULTname/ALTName}?**

1. Yes (go to 1.4 when sample person comes to phone)
2. Person not available now If not available set time for return call in 1.3
- (7) DON'T KNOW/NOT SURE
- (9) REFUSED

**1.3 Enter time/date for return call \_\_\_\_\_**

**1.4 Hello, my name is \_\_\_\_\_.** I'm calling on behalf of the **Arizona Department of Health Services** and the Centers for Disease Control and Prevention about an asthma study we are doing in your State. During a recent phone interview you indicated that (you/child's name) had asthma and would be able to complete the follow-up interview on asthma at this time.



**1.5 CATI: IF PATIENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO SECTION 2: Informed Consent.** READ:  
[IF CALLBACK=1 display During a recent phone interview] you gave us permission to ask some questions about {CHILName}'s asthma.

ALTERNATE (no reference to asthma):

During a recent phone interview [“you” if MKPNAME=ADULTNAME; OR “adultname” if MKPNAME=ALTNAME, MKP is pointed by BRFSS respondents] gave us permission to call again to ask some questions about {child's name}'s asthma and said that you knew the most about that child's asthma.

**READ ALTERNATE ADULT:**

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the **Arizona Department of Health Services** and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview {ADULTName} indicated {he/she} would be willing to participate in this study about {CHILName}'s asthma. {ADULTName} has now indicated that you are more knowledgeable about {CHILName}'s asthma. It would be better if you would complete this interview. {Should we allow the alternate to hand it back to the original person or even someone else? We could find ourselves in an infinite loop.}

I will not ask for your name, address, or other personal information that can identify you or {CHILName}. Any information you give me will be confidential. If you have any questions, I can provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

**1.6** Hello, my name is \_\_\_\_\_. I'm calling on behalf of the **Arizona Department of Health Services** and the Centers for Disease Control and Prevention about an asthma study we are doing in your State.

**1.7** Are you {ALTName}?

- (1) Yes (go to 1.10 READ ALT 1)
- (2) No

**1.8** May I speak with {ALTName}?

- (1) Yes (go to 1.11 READ ALT 2 when person comes to phone)
- (2) Person not available

**1.9** When would be a good time to call back and speak with {ALTName}. For example, evenings, days, weekends?

Enter day/time: \_\_\_\_\_

READ: Thank you we will call again later to speak with {ALTName}.  
[CATI: Start over at 1.6 at next call.]

#### 1.10 READ ALT 1

During a recent phone interview {ADULTName} indicated {CHILDName} had asthma and that you were more knowledgeable about {his/her} asthma. It would be better if you would complete this interview about {CHILDName}.

I will not ask for your name, address, or other personal information that can identify you or {CHILDName}. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

#### 1.11 READ ALT 2:

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the **Arizona Department of Health Services** and the Centers for Disease Control and Prevention about an asthma study we are doing in your State. During a recent phone interview {ADULTName} indicated {CHILDName} had asthma and that you were more knowledgeable about {his/her} asthma. It would be better if you would complete this interview about {CHILDName}.

I will not ask for your name, address, or other personal information that can identify you or {CHILDName}. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

## Section 2: Informed Consent

### INFORMED CONSENT

[CATI: IF RECRUIT=1, READ: "I know we have already discussed (your/the child's) asthma, but as part of this continuation, I will need to validate some of your earlier answers."]

Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act

You were selected to participate in this study about asthma because of your earlier responses to questions about Asthma.

### **ADULT CONSENT**

#### **IF PATIENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO CHILD CONSENT**

[If "yes" to lifetime and "no" to still in Core BRFSS survey, read:]

**S1.** Your answers to the asthma questions during the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, but you do not have it now. Is that correct?

1. Yes            **CONTINUE**
2. No            **GO TO REPEAT**

Since you no longer have asthma, your interview will be very brief (about 5 minutes). You may choose not

to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. **[GO TO PRE-PERMISS (2.3)]**

**[If "yes" to lifetime and "yes" to still in Core BRFSS survey, read:]**

**S2.** Your answers to the asthma questions in the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, and that you still have asthma. Is that correct?

- 1. Yes                **CONTINUE**
- 2. No                **GO TO REPEAT**

Since you have asthma now, your interview will last about 15 minutes. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. **[GO TO PRE-PERMISS (2.3)]**

### **CHILD CONSENT**

**[If responses for sample child were "yes" (1) to CASTHDX2 and "no" (2) to CASTHNO2 in core BRFSS interview:]**

**Q2.0A** The answers to asthma questions during the earlier survey indicated that a doctor or other health professional said that {*CHILDName*} had asthma sometime in {his/her} life, but does not have it now. Is that correct?

- 1. Yes                **CONTINUE**
- 2. No                **GO TO REPEAT**

(7) DON'T KNOW/NOT SURE    **GO TO REPEAT**  
(9) REFUSED                      **GO TO REPEAT**

Since {*CHILDName*} no longer has asthma, your interview will be very brief (about 5 minutes). **[GO TO Pre-PERMISS (2.3)]**

**[If responses for sample child were "yes" (1) CASTHDX2 to and "yes" (1) to CASTHNO2 in core BRFSS survey:]**

**Q2.0B** Answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional said that {*CHILDName*} had asthma sometime in his or her life, and that {*CHILDName*} still has asthma. Is that correct?

- 1. Yes                **CONTINUE**
- 2. No                **GO TO REPEAT**

(7) DON'T KNOW/NOT SURE    **GO TO REPEAT**  
(9) REFUSED                      **GO TO REPEAT**

Since {child's name} has asthma now, your interview will last about 15 minutes. **[GO TO Pre-PERMISS (2.3)]**

**THE FOLLOWING QUESTIONS ARE ASKED IF THE RESPONDENT DID NOT AGREE WITH THE STATUS OF HIS/HER/THE CHILD'S ASTHMA**

**IF PATIENT TYPE=1 (ADULT), ASK REPEAT. IF PATIENT TYPE=2 (CHILD), GO TO EVER\_ASTH (2.1)**

**REPEAT (2.0)** (Respondent did not agree with previously BRFSS recorded asthma status so double check if correct person from core survey is on phone.)

Ask:

Is this {sample person's name} and are you {sample person's age} years old?

1. Yes [continue to EVER\_ASTH (2.1)]

2. No

1. Correct person is available and can come to phone [return to question 1.1]
2. Correct person is not available [return to question 1.3 to set call date/time]
3. Correct person unknown, interview ends [disposition code 4306 is assigned]  
[GO TO CLOSING STATEMENT]

**EVER\_ASTH (2.1)** I would like to repeat the questions from the previous survey now to make sure you qualify for this study.

Have you ever been told by a doctor or other health professional that [IF PATIENT TYPE=ADULT "you have" / PATIENT TYPE=CHILD "Child Name has "] asthma?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**CUR\_ASTH (2.2) IF PATIENT TYPE=ADULT:** Do you still have asthma?

**IF PATIENT TYPE=CHILD:** Does {he/she} still have asthma?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**IF PATIENT TYPE=2 (CHILD), ASK RELATION; IF PATIENT TYPE=2 (ADULT), GO TO "READ".**

**RELATION (2.3)** What is your relationship to {CHILDName}?

(1) MOTHER (BIRTH/ADOPTIVE/STEP) [go to READ]

(2) FATHER (BIRTH/ADOPTIVE/STEP) [go to READ]

(3) BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE)

(4) GRANDPARENT (FATHER/MOTHER)

(5) OTHER RELATIVE

(6) UNRELATED

(7) DON'T KNOW

(9) REFUSED

**GUARDIAN (2.4)** Are you the legal guardian for {CHILDName}?

(1) YES

- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

**READ: You do qualify for this study, I'd like to continue unless you have any questions.**

You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions.

**[If YES to 2.2 read:]**

Since [IF PATIENT TYPE=ADULT "you" / IF PATIENT TYPE=CHILD "Child Name does"] have asthma now, your interview will last about 15 minutes. **[Go to Pre-PERMISS (2.3)]**

**[If NO to 2.2 read:]**

Since [IF PATIENT TYPE=ADULT "you do" / IF PATIENT TYPE=CHILD "Child Name does"] not have asthma now, your interview will last about 5 minutes. **[Go to Pre-PERMISS (2.3)]**

**[If Don't know or refused to 2.2 read:]**

Since you are not sure if [IF PATIENT TYPE=ADULT "you" / IF PATIENT TYPE=CHILD "Child Name does"] have asthma now, your interview will probably last about 10 minutes. **[Go to Pre-PERMISS (2.3)]**

**Some States may require the following section before going to section 3:**

**READ:** Some of the information that you shared with us [IF CALLBACK=1 display: when we called you before] could be useful in this study.

**PERMISS (2.3)** May we combine your answers to this survey with your answers from the prior survey?

(1) YES **(Skip to Section 3)**

(2) NO

(7) DON'T KNOW

(9) REFUSED

**TERMINATE:**

**Upon survey termination, READ:**

Those are all the questions I have. I'd like to thank you on behalf of the **Arizona Department of Health Services** and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 877-551-6138. Thanks again. Goodbye

Note: Disposition code is automatically assigned here by CATI as "2211 Sel. Resp. ref. combine ans." **Selected Respondent refused combining responses with BRFSS** and the survey will end. This disposition code will only be needed if the optional question PERMISS (2.3) is asked.

**Qualified Level 4**

### Section 3. Recent History

**AGEDX (3.1)** **IF PATIENT TYPE=ADULT:** How old were you when you were first told by a doctor or other health professional that you had asthma?  
**IF PATIENT TYPE=CHILD:** How old was {child's name} when a doctor or other health professional first said {he/she} had asthma?

**[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEAR OLD]**

\_\_\_\_\_(ENTER AGE IN YEARS)  
**[RANGE CHECK: 001-115, 777, 888, 999]**

(777) DON'T KNOW  
(888) under one year old  
(999) REFUSED

**[CATI CHECK: AGEDX LESS THAN OR EQUAL TO AGE OF RESPONDENT FROM CORE SURVEY]**

**[CATI CHECK:**

**IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT**  
**IF RESPONSE = 88 VERIFY THAT 88 IS 88 YEARS OLD AND 888 IS UNDER 1]**

**INCIDNT (3.2)** How long ago was that? Was it ..." **READ CATEGORIES**

- (1) Within the past 12 months
- (2) 1-5 years ago
- (3) more than 5 years ago

(7) DON'T KNOW  
(9) REFUSED

**LAST\_MD (3.3)** How long has it been since you last talked to a doctor or other health professional about [your/Child name's] asthma? This could have been in a doctor's office, the hospital, an emergency room or urgent care center.

**[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]**

**[INTERVIEWER: OTHER PROFESSIONAL INCLUDES HOME NURSE]**

- (88) NEVER
- (04) WITHIN THE PAST YEAR
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO

(77) DON'T KNOW  
(99) REFUSED

**LAST\_MED (3.4)** How long has it been since [you/ he/she] last took asthma medication?  
**[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]**

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO
- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO
  
- (77) DON'T KNOW
- (99) REFUSED

**INTRODUCTION FOR LASTSYMP:**

**READ:** Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when [YOU DO/CHILD NAME DOES] NOT have a cold or respiratory infection.

**LASTSYMP (3.5)** How long has it been since [you / he/she] last had any symptoms of asthma?  
**[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]**

- (88) NEVER
- (01) LESS THAN ONE DAY AGO
- (02) 1-6 DAYS AGO
- (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
- (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
- (05) 1 YEAR TO LESS THAN 3 YEARS AGO
- (06) 3 YEARS TO 5 YEARS AGO
- (07) MORE THAN 5 YEARS AGO
  
- (77) DON'T KNOW
- (99) REFUSED

**Section 4. History of Asthma (Symptoms & Episodes in past year)**

**IF LAST SYMPTOMS (LASTSYMP 3.5) WERE WITHIN THE PAST 3 MONTHS (1, 2 OR 3) CONTINUE. IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 3 MONTHS TO 1 YEAR AGO (4), SKIP TO EPISODE INTRODUCTION (EPIS\_INT - BETWEEN 4.4 AND 4.5); IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 1-5+ YEARS AGO (05, 06 OR 07), SKIP TO SECTION 5; IF NEVER HAD SYMPTOMS (88), SKIP TO SECTION 5, IF DK/REF (77, 99) CONTINUE.**

**IF LASTSYMP = 1, 2, 3 then continue**  
**IF LASTSYMP = 4 SKIP TO EPIS\_INT (between 4.4 and 4.5)**  
**IF LASTSYMP = 88, 05, 06, 07 SKIP TO INS1 (Section 5)**  
**IF LASTSYMP = 77, 99 then continue**

**SYMP\_30D (4.1)** During the past 30 days, on how many days did [you / Child name] have any symptoms of asthma?

\_\_\_\_ DAYS  
**[RANGE CHECK: (01-30, 77, 88, 99)]**

**CLARIFICATION: [1-29, 77, 99]      [SKIP TO 4.3 ASLEEP30]**



(88) NO SYMPTOMS IN THE PAST 30 DAYS	<b>[SKIP TO EPIS_INT]</b>
(30) EVERY DAY	<b>[CONTINUE]</b>
(77) DON'T KNOW	<b>[SKIP TO 4.3 ASLEEP30]</b>
(99) REFUSED	<b>[SKIP TO 4.3 ASLEEP30]</b>

**DUR\_30D (4.2)** [Do you/ Does he/she] have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

**ASLEEP30 (4.3)** During the past 30 days, on how many days did symptoms of asthma make it difficult for [you / him/her] to stay asleep?

\_\_\_ DAYS/NIGHTS  
**[RANGE CHECK: (01-30, 77, 88, 99)]**

- (88) NONE
- (30) EVERY DAY (Added 1/24/08)
- (77) DON'T KNOW
- (99) REFUSED

**SYMPFREE (4.4)** During the past two weeks, on how many days [were you / was Child name] completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

\_\_\_ Number of days  
**[RANGE CHECK: (01-14, 77, 88, 99)]**

- (88) NONE
- (77) DON'T KNOW
- (99) REFUSED

EPIS\_INT

IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP (3.5) = 4) PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS PLUS DK AND REFUSED (LASTSYMP (3.5) = 1, 2, 3, 77, 99) CONTINUE HERE AS WELL 7/7/2009

**READ:** Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.

EPIS\_12M (4.5)

During the past 12 months, [have you / has Child name] had an episode of asthma or an asthma attack?

(1) YES

(2) NO

[SKIP TO INS1 (section 5)]

(7) DON'T KNOW

[SKIP TO INS1 (section 5)]

(9) REFUSED

[SKIP TO INS1 (section 5)]

EPIS\_TP (4.6)

During the past three months, how many asthma episodes or attacks [have you / has he/she] had?

\_\_\_ **[RANGE CHECK: (001-100, 777, 888, 999)]**

(888) NONE

(777) DON'T KNOW

(999) REFUSED

**[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]**

DUR\_ASTH (4.7)

How long did [your / his/her] MOST RECENT asthma episode or attack last?

1\_\_ Minutes

2\_\_ Hours

3\_\_ Days

4\_\_ Weeks

5 5 5 Never

7 7 7 Don't know / Not sure

9 9 9 Refused

Interviewer note:

If answer is #.5 to #.99 round up

If answer is #.01 to #.49 ignore fractional part

ex. 1.5 should be recorded as 2

1.25 should be recorded as 1

## Section 5. Health Care Utilization

All respondents continue here:

**INS1 (5.01)**

[Do you / Does Child name] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

- (1) YES
- (2) NO

[continue]  
[SKIP TO PRE- C5.4]

- (7) DON'T KNOW
- (9) REFUSED

[SKIP TO PRE- C5.4]  
[SKIP TO PRE- C5.4]

**ASK C5.2 IF PATIENT TYPE=2 (CHILD); ELSE GO TO INS2.****INS\_TYP (C5.2)**

What kind of health care coverage does {he/she} have? Is it paid for through the parent's employer, or is it Medicaid, Medicare, Children's Health Insurance Program (CHIP), or some other type of insurance?

- (1) Parent's employer
- (2) Medicaid/Medicare
- (3) CHIP {replace with State specific name}
- (4) Other

- (7) DON'T KNOW
- (9) REFUSED

**INS2 (5.02)**

During the past 12 months was there any time that [you / he/she] did not have any health insurance or coverage?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

**ASK C5.4 IF PATIENT TYPE=2 (CHILD); ELSE GO TO LOGIC BELOW.**

**FLU\_SHOT (C5.4)** A flu shot is an influenza vaccine injected in your arm. During the past 12 months, did {CHILD'S NAME} have a flu shot?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**FLU\_SPRAY (C5.5)** A flu vaccine that is sprayed in the nose is called FluMist. During the past 12 months, did {he/she} have a flu vaccine that was sprayed in {his/her} nose?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**[IF SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED "NEVER" (88) OR "MORE THAN ONE YEAR AGO" (05, 06 or 07) TO SEEING A DOCTOR ABOUT ASTHMA (LAST\_MD (3.3)), TAKING ASTHMA MEDICATION (LAST\_MED (3.4)), AND SHOWING SYMPTOMS OF ASTHMA (LASTSYMP (3.5)), SKIP TO SECTION 6]**

The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR\_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (BRFSS ASTHNOW) value is correct then the value from the BRFSS core question (BRFSS ASTHNOW) is used. If the respondent does not agree with the previous BRFSS core value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR\_ASTH (2.2) "Do you still have asthma?" is used.

**IF respondent agrees 1 (Yes) with "Informed Consent":**

**IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused))**

**AND**

**(LAST\_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND**

**(LAST\_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND**

**(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)**

**THEN SKIP TO Section 6; otherwise continue with Section 5.**

*The above "if" Statement can also be reStated in different words as:*

**IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused))**

**AND**

**((LAST\_MD = 4) OR**

**(LAST\_MED = 1, 2, 3 or 4) OR**

**(LASTSYMP = 1, 2, 3 or 4)**

**THEN Continue with Section 5 otherwise skip to Section 6)**

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, “Do you still have asthma?” = 1 (Yes) / PATIENT TYPE=CHILD: CASTHNO2 “Does the child still have asthma?” = 1 (Yes)) continue with Section 5.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR\_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND  
(LAST\_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND  
(LAST\_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND  
(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)  
THEN SKIP TO Section 6; otherwise continue with Section 5.

*The above “if” Statement can also be reStated in different words as:*

*IF CUR\_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND  
( (LAST\_MD = 4) OR  
(LAST\_MED = 1, 2, 3 or 4) OR  
(LASTSYMP = 1, 2, 3 or 4)  
THEN Continue with Section 5; otherwise skip to Section 6)*

IF CUR\_ASTH (2.2) = 1 (Yes) continue with section 5.

ASK ACT\_DAYS30 (5.6) IF PATIENT TYPE=2 (CHILD); ELSE GO TO NER\_TIME (5.1).

**ACT\_DAYS30 (5.6)** During just the past 30 days, would you say {child’s name} limited {his/her} usual activities due to asthma not at all, a little, a moderate amount, or a lot?

- (1) NOT AT ALL
- (2) A LITTLE
- (3) A MODERATE AMOUNT
- (4) A LOT

- (7) DON'T KNOW
- (9) REFUSED

**NER\_TIME (5.1)****[IF LAST\_MD (3.3) = 88, 05, 06, 07; SKIP TO MISS\_DAY]**

During the past 12 months how many times did [you / he/she] see a doctor or other health professional for a routine checkup for [your / his/her] asthma?

\_\_\_ \_\_ \_ ENTER NUMBER

**[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any value >50]****[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]**

(888) NONE

(777) DON'T KNOW

(999) REFUSED

**ER\_VISIT (5.2)**

An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, [have you / has Child name] had to visit an emergency room or urgent care center because of [your / his/her] asthma?

(1) YES

(2) NO

**[SKIP TO URG\_TIME]**

(7) DON'T KNOW

(9) REFUSED

**[SKIP TO URG\_TIME]****[SKIP TO URG\_TIME]****ER\_TIMES (5.3)**

During the past 12 months, how many times did [you / he/she] visit an emergency room or urgent care center because of [your / his/her] asthma?

\_\_\_ \_\_ \_ ENTER NUMBER

**[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]**

(888) NONE (Skip back to 5.2)

(777) DON'T KNOW

(999) REFUSED

**[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]****[CATI CHECK: IF RESPONSE TO 5.2 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.3 ALLOW LOOPING BACK TO CORRECT 5.2 TO "NO"]****[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]****URG\_TIME (5.4)****[IF ONE OR MORE ER VISITS (ER\_TIMES (5.3)) INSERT "Besides those emergency room or urgent care center visits,"]**

During the past 12 months, how many times did [you / Child name] see a doctor or other health professional for urgent treatment of worsening asthma symptoms or for an asthma episode or attack?

\_\_ \_\_ \_\_ ENTER NUMBER

**[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]**

(888) NONE

(777) DON'T KNOW

(999) REFUSED

**[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]**

**[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]**

**HOSP\_VST (5.5)**

**[IF LASTSYMP  $\geq 5$  AND  $\leq 7$ , SKIP TO MISS\_DAY  
IF LASTSYMP=88 (NEVER), SKIP TO MISS\_DAY]**

During the past 12 months, that is since [1 YEAR AGO TODAY], [have you / has Child name] had to stay overnight in a hospital because of [your / his/her] asthma? Do not include an overnight stay in the emergency room.

(1) YES

(2) NO **[SKIP TO MISS\_DAY]**

(7) DON'T KNOW **[SKIP TO MISS\_DAY]**

(9) REFUSED **[SKIP TO MISS\_DAY]**

**HOSPTIME (5.6A)**

During the past 12 months, how many different times did [you / he/she] stay in any hospital overnight or longer because of [your / his/her] asthma?

\_\_ \_\_ \_\_ TIMES

**[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]**

(777) DON'T KNOW

(999) REFUSED

**[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]**

**[CATI CHECK: IF RESPONSE TO 5.5 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.6A ALLOW LOOPING BACK TO CORRECT 5.5 TO "NO"]**

**HOSPPLAN (5.7)**

The last time {you /he/she} left the hospital, did a health professional TALK with you (IF PATIENT TYPE=CHILD, INSERT "or Child name") about how to prevent serious attacks in the future?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes**

if the respondent only received a pamphlet or instructions to view a website or video since the question clearly States “talk with you”. ]

**IF PATIENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO SECTION 6**

**MISS\_DAY (5.8A)** During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

**[INTERVIEWER: If response is, “I don’t work”, emphasize USUAL ACTIVITIES”]**

\_\_ \_\_ ENTER NUMBER DAYS

**[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]**

**[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]**

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

**[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]**

**ACT\_DAYS30 (5.9)** During just the past 30 days, would you say you limited your usual activities due to asthma not at all, a little, a moderate amount, or a lot?

(1) NOT AT ALL

(2) A LITTLE

(3) A MODERATE AMOUNT

(4) A LOT

(7) DON'T KNOW

(9) REFUSED

**COORDIN (5.10)** Does anyone help you arrange or coordinate your asthma care among the different doctors or services that you use?

**{READ IF NECESSARY: By “arrange or coordinate,” I mean: Is there anyone who helps you make sure that you get all the health care and services you needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?}**

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED



## Section 6. Knowledge of Asthma/Management Plan

- TCH\_SIGN (6.1)**      **Has a doctor or other health professional ever taught you (IF PATIENT TYPE=CHILD, INSERT "or Child name") ...**
- a. How to recognize early signs or symptoms of an asthma episode?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES  
(2) NO  
  
(7) DON'T KNOW  
(9) REFUSED
- TCH\_RESP (6.2)**      **Has a doctor or other health professional ever taught you (IF PATIENT TYPE=CHILD, INSERT "or Child name")...**
- b. What to do during an asthma episode or attack?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES  
(2) NO  
  
(7) DON'T KNOW  
(9) REFUSED
- TCH\_MON (6.3)**      **A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you (IF PATIENT TYPE=CHILD, INSERT "or Child name") ...**
- c. How to use a peak flow meter to adjust {your / his/her} daily medications?
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- (1) YES  
(2) NO  
  
(7) DON'T KNOW  
(9) REFUSED

**MGT\_PLAN (6.4)**

An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given you (IF PATIENT TYPE=CHILD, INSERT "or Child name") an asthma action plan?

**[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

**MGT\_CLAS (6.5)**

Have you (IF PATIENT TYPE=CHILD, INSERT "or Child name") ever taken a course or class on how to manage [your / his/her] asthma?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

<b>Section 7. Modifications to Environment</b>
--

**HH\_INT**

**READ:** The following questions are about [your / Child name's] household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.

**AIRCLEANER (7.1)**

An air cleaner or air purifier can filter out pollutants like dust, pollen, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.

Is an air cleaner or purifier regularly used inside [your/ Child name's] home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

- DEHUMID (7.2)** A dehumidifier is a small, portable appliance which removes moisture from the air.
- Is a dehumidifier regularly used to reduce moisture inside [your / Child name's] home?
- (1) YES  
(2) NO
- (7) DON'T KNOW  
(9) REFUSED
- KITC\_FAN (7.3)** Is an exhaust fan that vents to the outside used regularly when cooking in [your / Child name's] kitchen?
- (1) YES  
(2) NO
- (7) DON'T KNOW  
(9) REFUSED
- COOK\_GAS (7.4)** Is gas used for cooking (IF PATIENT TYPE=CHILD, INSERT "in {his/her} home)?
- (1) Yes  
(2) NO
- (7) DON'T KNOW  
(9) REFUSED
- ENV\_MOLD (7.5)** In the past 30 days, has anyone seen or smelled mold or a musty odor inside [your / his/her] home? Do not include mold on food.
- (1) YES  
(2) NO
- (7) DON'T KNOW  
(9) REFUSED
- ENV\_PETS (7.6)** Does [your / Child name's] household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?
- (1) YES  
(2) NO **(SKIP TO 7.8)**
- (7) DON'T KNOW **(SKIP TO 7.8)**  
(9) REFUSED **(SKIP TO 7.8)**
- PETBEDRM (7. 7)** Are pets allowed in [your / his/her] bedroom?
- [SKIP THIS QUESTION IF ENV\_PETS = 2, 7, 9]**
- (1) YES  
(2) NO  
(3) SOME ARE/SOME AREN'T

- (7) DON'T KNOW
- (9) REFUSED

**C\_ROACH (7.8)**

In the past 30 days, has anyone seen a cockroach inside [your / his/her] home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

**HELP SCREEN: Studies have shown that cockroaches may be a cause of asthma. Cockroach droppings and carcasses can also cause symptoms of asthma.**

**C\_RODENT (7.9)**

In the past 30 days, has anyone seen mice or rats inside [your / his/her] home? Do not include mice or rats kept as pets.

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

**HELP SCREEN: Studies have shown that rodents may be a cause of asthma.**

**WOOD\_STOVE (7.10)** Is a wood burning fireplace or wood burning stove used in [your / Child name's] home?

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

**HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS "YES".**

- GAS\_STOVE (7.11)** Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in [your / his/her] home?
- (1) YES
  - (2) NO
  - (7) DON'T KNOW
  - (9) REFUSED
- HELP SCREEN:** “Unvented” means no chimney or the chimney flue is kept closed during operation.
- S\_INSIDE (7.12)** In the past week, has anyone smoked inside [your / his/her] home?
- (1) YES
  - (2) NO
  - (7) DON'T KNOW
  - (9) REFUSED
- HELP SCREEN:** “The intent of this question is to measure smoke resulting from tobacco products (cigarettes, cigars, pipes) or illicit drugs (cannabis, marijuana) delivered by smoking (inhaling intentionally). Do not include things like smoke from incense, candles, or fireplaces, etc.”
- MOD\_ENV (7.13)** **INTERVIEWER READ:** Now, back to questions specifically about [you / Child name].
- Has a health professional ever advised you to change things in [your / his/her] home, school, or work to improve [your / his/her] asthma?
- (1) YES
  - (2) NO
  - (7) DON'T KNOW
  - (9) REFUSED
- [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**
- MATTRESS (7.14)** [Do you / Does he/she] use a mattress cover that is made especially for controlling dust mites?
- [INTERVIEWER: If needed: This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers.]**
- (1) YES
  - (2) NO
  - (7) DON'T KNOW
  - (9) REFUSED
- E\_PILLOW (7.15)** [Do you / Does he/she] use a pillow cover that is made especially for controlling dust mites?
- [INTERVIEWER: If needed: This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are**

made of special fabric, entirely enclose the pillow, and have zippers.]

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

**CARPET (7.16)**

[Do you / Does Child name] have carpeting or rugs in [your / his/her] bedroom? This does not include throw rugs small enough to be laundered.

- (1) YES
- (2) NO

- (7) DON'T KNOW
- (9) REFUSED

**HOTWATER (7.17)**

Are [your / his/her] sheets and pillowcases washed in cold, warm, or hot water?

- (1) COLD
- (2) WARM
- (3) HOT

**DO NOT READ**

- (4) VARIES

- (7) DON'T KNOW
- (9) REFUSED

**BATH\_FAN (7.18)**

In [your / Child name's] bathroom, do you regularly use an exhaust fan that vents to the outside?

- (1) YES
- (2) NO OR "NO FAN"

- (7) DON'T KNOW
- (9) REFUSED

**HELP SCREEN:** IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTION REFERS TO THE BATHROOM THEY USE MOST FREQUENTLY FOR SHOWERING AND BATHING.

**Section 8. Medications**

**OTC (8.1)**

**[IF LAST\_MED = 88 (NEVER), SKIP TO SECTION 9. ELSE, CONTINUE.]**

The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to [your / Child name's] medication use.

Over-the-counter medication can be bought without a doctor's order. [Have you / Has Child name] ever used over-the-counter medication for [your / his/her] asthma?

- (1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**INHALERE (8.2)** [Have you / Has he/she] ever used a prescription inhaler?

(1) YES

(2) NO [SKIP TO SCR\_MED1]

(7) DON'T KNOW [SKIP TO SCR\_MED1]

(9) REFUSED [SKIP TO SCR\_MED1]

**INHALERH (8.3)** Did a doctor or other health professional show [you / him/her] how to use the inhaler?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]**

**INHALERW (8.4)** Did a doctor or other health professional watch [you / him/her] use the inhaler?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**SCR\_MED1 (8.5)** **[IF LAST\_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9] (88 removed)**

Now I am going to ask questions about specific prescription medications [you / Child name] may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often [you take / he/she takes] each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It will help to get [your / Child name's] medicines so you can read the labels.  
Can you please go get the asthma medicines while I wait on the phone?

(1) YES

(2) NO [SKIP TO INH\_SCR]

(3) RESPONDENT KNOWS THE MEDS [SKIP TO INH\_SCR]

(7) DON'T KNOW [SKIP TO INH\_SCR]

(9) REFUSED [SKIP TO INH\_SCR]

**SCR\_MED3 (8.7)**      **[when Respondent returns to phone:]** Do you have all the medications?

**[INTERVIEWER: Read if necessary]**

- (1) YES I HAVE ALL THE MEDICATIONS
- (2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL
- (3) NO
  
- (7) DON'T KNOW
- (9) REFUSED

**INH\_SCR (8.8)**      **[IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]**  
In the past 3 months [have you / has Child name] taken prescription asthma medicine using an inhaler?

- |                |                        |
|----------------|------------------------|
| (1) YES        |                        |
| (2) NO         | <b>[SKIP TO PILLS]</b> |
| (7) DON'T KNOW | <b>[SKIP TO PILLS]</b> |
| (9) REFUSED    | <b>[SKIP TO PILLS]</b> |



## INH\_MEDS (8.9)

For the following inhalers the respondent can choose up to eight medications; however, each medication can only be used once (in the past, errors such as 030303 were submitted in the data file). When 66 (Other) is selected as a response, the series of questions ILP01 (8.11) to ILP10 (8.19) is not asked for that response.

In the past 3 months, what prescription asthma medications did [you / he/she] take by inhaler? **[MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]**

**[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]**

**Note: CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.**

Inha ler tabl e		
	Medication	Pronunciation
1	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
2	Aerobid	â-rō'bīd (or air-row-bid)
3	Albuterol ( + A. sulfate or salbutamol)	ăl'-bu'ter-ōl (or al-BYOO-ter-ole) sāl-byū'tă-môl'
4	Alupent	al-u-pent
43	Alvesco (+ Ciclesonide)	al-ves-co
49	Anoro Ellipta (Umeclidinium and vilanterol)	a-nor' oh e-LIP-ta
40	Asmanex (twisthaler)	as-muh-neks twist-hey-ler
5	Atrovent	At-ro-vent
6	Azmacort	az-ma-cort
7	Beclomethasone dipropionate	bek"lo-meth'ah-son dī' pro'pe-o-nāt (or be-kloe-meth-a-sone)
8	Beclovent	be' klo-vent" (or be-klo-vent)
9	Bitolterol	bi-tōl'ter-ōl (or bye-tole-ter-ole)
45	Breo Ellipta (Fluticasone and vilanterol)	BRE-oh e-LIP-ta
11	Budesonide	byoo-des-oh-nide
12	Combivent	com-bi-vent
13	Cromolyn	kro'mō-lin (or KROE-moe-lin)
44	Dulera	do-lair-a
14	Flovent	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	Flunisolide	floo-nis'o-līd (or floo-NISS-oh-lide)
17	Fluticasone	flue-TICK-uh-zone
34	Foradil	FOUR-a-dil
35	Formoterol	for moh' te rol
48	Incruse Ellipta (Umeclidium inhaler powder)	IN-cruise e-LIP-ta

19	Ipratropium Bromide	ĩp-rah-tro'pe-um bro'mĩd (or ip-ra-TROE-pee-um)
37	Levalbuterol tartrate	lev-al-BYOU-ter-ohl
20	Maxair	măk-sâr
21	Metaproteronol	met"ah-pro-ter'ě-nōl (or met-a-proe-TER-e-nole)
39	Mometasone furoate	moe-MET-a-sone
22	Nedocromil	ne-DOK-roe-mil
23	Pirbuterol	pěr-bu'ter-ōl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Flexhaler	pul-ma-cort flex-hail-er
36	QVAR	q -vâr (or q-vair)
3	Salbutamol (or Albuterol)	săl-byũ'tă-mōl'
26	Salmeterol	sal-ME-te-role
27	Serevent	Sair-a-vent
46	Spiriva HandiHaler or Respimat (Tiotropium bromide)	speh REE vah - RES peh mat
51	Stiolto Respimat (tiotropium bromide & olodaterol)	sti-OL-to- RES peh mat
42	Symbicort	sim-buh-kohrt
28	Terbutaline (+ T. sulfate)	ter-bu'tah-lēn (or ter-BYOO-ta-leen)
30	Tornalate	tor-na-late
50	Trelegy Ellipta ((fluticasone furoate, umeclidinium & vilanterol)	TREL-e-gee e-LIP-ta
31	Triamcinolone acetonide	tri"am-sin'o-lōn as"ě-tō-nĩd' (or trye-am-SIN-oh-lone)

**[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP03]**

(88) NO PRESCRIPTION INHALERS **[SKIP TO PILLS]**

(77) DON'T KNOW **[SKIP TO PILLS]**

(99) REFUSED **[SKIP TO PILLS]**

**[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]**

**OTH\_I1 (8.10) ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD  
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.**

**CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.**

**[LOOP BACK TO ILP03 AS NECESSARY TO ADMINISTER QUESTIONS ILP03 THRU ILP10 FOR EACH MEDICINE 01 – 44 REPORTED IN INH\_MEDS, BUT NOT FOR 66 (OTHER).]**

**[FOR FILL [MEDICINE FROM INH\_MEDS SERIES] FOR QUESTIONS ILP03 THROUGH ILP10]**

**SKIP before ILP03**

**IF [MEDICINE FROM INH\_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15) OR MOMETASONE FUROATE (39) OR ASMANEX (40) OR FORADIL (34) OR MAXAIR (20) OR PULMICORT (25) OR SEREVENT (27) OR SYMBICORT (42) SKIP TO 8.14**



**ILP03 (8.13)** A spacer is a small attachment for an inhaler that makes it easier to use. Do you / Does he/she use a spacer with [MEDICINE FROM INH\_MEDS SERIES]?

- (1) YES
- (2) NO
- (3) Medication is a dry powder inhaler or disk inhaler, not a canister inhaler
- (4) Medication has a built-in spacer/does not need a spacer**
- (7) DON'T KNOW
- (9) REFUSED

**[HELP SCREEN: A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way.]**

**[HELP SCREEN: The response category 3 (disk or dry powder) and 4 (built in spacer) are primarily intended for medications Beclomethosone (7) Beclovent (08), Budesonide (11) and QVAR (36), which are known to come in disk or breathe activated inhalers (which do not use a spacer). However, new medications may come on the market that will need either category, so 3 or 4 can be used for other medications as well.]**

**ILP04 (8.14)** In the past 3 months, did [you / Child name] take [MEDICINE FROM INH\_MEDS SERIES] when [you / he/she] had an asthma episode or attack?

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS
- (7) DON'T KNOW
- (9) REFUSED

**ILP05 (8.15)** In the past 3 months, did [you / he/she] take [MEDICINE FROM INH\_MEDS SERIES] before exercising?

- (1) YES
- (2) NO
- (3) DIDN'T EXERCISE IN PAST 3 MONTHS
- (7) DON'T KNOW
- (9) REFUSED

**ILP06 (8.16)** In the past 3 months, did [you / he/she] take [MEDICINE FROM INH\_MEDS SERIES] on a regular schedule everyday?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

**ILP08 (8.18)** How many times per day or per week [did you / did he/she] use [MEDICINE FROM INH\_MEDS SERIES]?

3 \_ \_ Times per DAY **[RANGE CHECK: (>10)]**

4 \_ \_ Times per WEEK [RANGE CHECK: (>75)]  
 5 5 5 Never  
 6 6 6 LESS OFTEN THAN ONCE A WEEK  
 7 7 7 Don't know / Not sure  
 9 9 9 Refused

[RANGE CHECK: 301-399, 401-499, 555, 666, 777, 999]

**[ASK ILP10 ONLY IF INH\_MEDS = 3, 4, 9, 20, 21, 23, 24, 28, 30, 33, 37, 38, 41 OTHERWISE SKIP TO PILLS (8.20)]**

**ILP10 (8.19)**

How many canisters of [MEDICINE FROM INH\_MEDS SERIES] [have you / has Child name] used in the past 3 months?

**[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']**

\_\_\_ CANISTERS

(77) DON'T KNOW

(88) NONE

(99) REFUSED

**[RANGE CHECK: (01-76, 77, 88, 99)]**

**[HELP SCREEN: IF RESPONDENT INDICATES HE/SHE HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE IN PURSE, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION IS USED, NOT HOW MANY DIFFERNT INHALERS.]**

**PILLS (8.20)**

In the past 3 months, [have you / has he/she] taken any prescription medicine in pill form for [your / his/her] asthma?

(1) YES

(2) NO

**[SKIP TO SYRUP]**

(7) DON'T KNOW

(9) REFUSED

**[SKIP TO SYRUP]**

**[SKIP TO SYRUP]**

PILLS\_MD (8.21)

For the following pills the respondent can choose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the data file).

What prescription asthma medications [do you / does Child name] take in pill form?  
[MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

Note: the yellow numbered items below are new medications added in 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	Pronunciation
01	<b>Accolate</b>	<b>ac</b> -o-late
02	Aerolate	<b>air</b> -o-late
03	<b>Albuterol</b>	ăl'- <b>bu</b> 'ter-ôl (or al-BYOO-ter-all)
04	Alupent	<b>al</b> -u-pent
49	Brethine	<b>breth-eeen</b>
05	Choledyl (oxtriphylline)	<b>ko</b> -led-il
07	Deltasone	<b>del</b> -ta-sone
08	Elixophyllin	e-licks- <b>o</b> -fil-in
11	Medrol	<b>Med</b> -rol
12	Metaprel	<b>Met</b> -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ë-nôl (or met-a-proe- <b>TER</b> -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- <b>niss</b> -oh-lone (or meth-il-pred- <b>NIS</b> -oh-lone)
15	<b>Montelukast</b>	mont-e- <b>lu</b> -cast
17	Pediapred	Pee- <b>dee</b> -a-pred
18	<b>Prednisolone</b>	pred-NISS-oh-lone
19	<b>Prednisone</b>	PRED-ni-sone
21	Proventil	pro- <b>ven</b> -til
23	Respird	<b>res</b> -pid
24	<b>Singulair</b>	<b>sing</b> -u-lair
25	Slo-phyllin	<b>slow</b> - fil-in
26	Slo-bid	<b>slow</b> -bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	<b>thee</b> -o-24
30	Theochron	<b>thee</b> -o-kron
31	Theoclear	<b>thee</b> -o-clear
32	<b>Theodur</b>	<b>thee</b> -o-dur
33	<b>Theo-Dur</b>	<b>thee</b> -o-dur
35	<b>Theophylline</b>	thee- <b>OFF</b> -i-lin
37	Theospan	<b>thee</b> -o-span
40	T-Phyl	<b>t</b> -fil
42	<b>Uniphyl</b>	<b>u</b> -ni-fil
43	Ventolin	<b>vent</b> -o-lin
44	Volmax	<b>vole</b> -max
45	<u>Zafirlukast</u>	za- <b>FIR</b> -loo-kast
46	Zileuton	zye- <b>loo</b> -ton
47	Zyflo Filmtab	<b>zye</b> -flow <b>film</b> tab
66	Other, please specify	[SKIP TO OTH_P1]

**[IF RESPONDENT SELECTS ANY ANSWER FROM 01-49 SKIP TO PILL01]**

(88) NO PILLS

**[SKIP TO SYRUP]**

(77) DON'T KNOW

**[SKIP TO SYRUP]**

(99) REFUSED

**[SKIP TO SYRUP]**

**[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]**

**OTH\_P1**

**ENTER OTHER MEDICATION IN TEXT FIELD**

**IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.**

**CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.**

**[REPEAT QUESTION PILL01 AS NECESSARY FOR EACH PILL 01-49 REPORTED IN PILLS\_MD, BUT NOT FOR 66 (OTHER).]**

**FOR FILL [MEDICATION LISTED IN PILLS\_MD] FOR QUESTION PILL01]**

**PILL01 (8.22)**

**In the past 3 months, did [you / child's name] take [MEDICATION LISTED IN PILLS\_MD] on a regular schedule every day?**

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**SYRUP (8.23)**

**In the past 3 months, [have you / has he/she] taken any prescription asthma medication in syrup form?**

(1) YES

(2) NO

**[SKIP TO NEB\_SCR]**

(7) DON'T KNOW

**[SKIP TO NEB\_SCR]**

(9) REFUSED

**[SKIP TO NEB\_SCR]**

**SYRUP\_ID (8.24)**

**For the following syrups the respondent can choose up to four medications; however, each medication can only be used once (in the past, errors such as 020202 were submitted in the data file).**

**What prescription asthma medications [have you / has Child name] taken as a syrup? [MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?]**

**[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]**

	Medication	Pronunciation
--	------------	---------------

01	Aerolate	<b>air</b> -o-late
02	<u>Albuterol</u>	ăl'- <b>bu</b> 'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	<b>al</b> -u-pent
04	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ě-nōl (or met-a-proe-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	<b>pre</b> -loan
07	Proventil	Pro- <b>ven</b> -til
08	Slo-Phyllin	<b>slow</b> -fil-in
09	<u>Theophyllin</u>	thee-OFF-i-lin
10	Ventolin	<b>vent</b> -o-lin
66	Other, Please Specify:	<b>[SKIP TO OTH_S1]</b>

**[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB\_SCR]**

(88) NO SYRUPS **[SKIP TO NEB\_SCR]**  
(77) DON'T KNOW **[SKIP TO NEB\_SCR]**  
(99) REFUSED **[SKIP TO NEB\_SCR]**

**[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]**

**OTH\_S1**

**ENTER OTHER MEDICATION.**

**IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.**

**CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.**

**NEB\_SCR (8. 25)**

**Read:** A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of [your / Child name's] prescription asthma medicines used with a nebulizer?

(1) YES  
(2) NO **[SKIP TO Section 9]**  
  
(7) DON'T KNOW **[SKIP TO Section 9]**  
(9) REFUSED **[SKIP TO Section 9]**

**NEB\_PLC (8.26)**

I am going to read a list of places where [you / your child] might have used a nebulizer. Please answer yes if [you have / your child has] used a nebulizer in the place I mention, otherwise answer no.

In the past 3 months did [you / Child name] use a nebulizer...

- (8.26a)** AT HOME  
(1) YES (2) NO (7) DK (9) REF
- (8.26b)** AT A DOCTOR'S OFFICE  
(1) YES (2) NO (7) DK (9) REF
- (8.26c)** IN AN EMERGENCY ROOM  
(1) YES (2) NO (7) DK (9) REF
- (8.26d)** AT WORK OR AT SCHOOL  
(1) YES (2) NO (7) DK (9) REF



(8.26e) AT ANY OTHER PLACE  
 (1) YES (2) NO (7) DK (9) REF

**NEB\_ID (8.27)** For the following nebulizers the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in the data file).

In the past 3 months, what prescription asthma medications [have you / has he/she] taken using a nebulizer?

**[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]**

**[MARK ALL THAT APPLY. PROBE: Have you taken any other prescription asthma medications with your nebulizer in the past 3 months?]**

Nebulizer table		
	Medication	Pronunciation
1	Albuterol	ăl'-bu'ter-ōl (or al-BYOO-ter-ole)
2	Alupent	al-u-pent
3	Atrovent	At-ro-vent
4	Bitolterol	bi-tōl'ter-ōl (or bye-tole-ter-ole)
19	Brovana	brō vă nah
5	Budesonide	byoo-des-oh-nide
17	Combivent Inhalation solution	com-bi-vent
6	Cromolyn	kro'mō-lin (or KROE-moe-lin)
7	DuoNeb	DUE-ow-neb
8	Intal	in-tel
9	Ipratropium bromide	īp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
10	Levalbuterol	lev al byoo' ter ol
11	Metaproteronol	met"ah-pro-ter'ě-nōl (or met-a-proe-TER-e-nole)
18	Perforomist (Formoterol)	per-form-ist
12	Proventil	Pro-ven-til
13	Pulmicort	pul-ma-cort
14	Tornalate	tor-na-late
15	Ventolin	vent-o-lin

(88) NO Nebulizers  
 (77) DON'T KNOW  
 (99) REFUSED

**[SKIP TO Section 9]**  
**[SKIP TO Section 9]**  
**[SKIP TO Section 9]**

OTH\_N1

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

ENTER OTHER MEDICATION

IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

LOOP BACK TO NEB01 AS NECESSARY TO ADMINISTER QUESTIONS NEB01 THROUGH NEB03 FOR EACH MEDICINE 01 THROUGH 18 (NEB\_01 to NEB\_16) REPORTED IN NEB\_ID, BUT NOT FOR 66 (OTHER).]

FOR FILL [MEDICATION LISTED IN NEB\_ID] FOR QUESTION NEB01 to NEB03]

**NEB01 (8.28)** In the past 3 months, did [you/he/she] take [MEDICINE FROM NEB\_ID SERIES] when [you / he/she] had an asthma episode or attack?

- (1) YES
- (2) NO
- (3) NO ATTACK IN PAST 3 MONTHS

- (7) DON'T KNOW
- (9) REFUSED

**NEB02 (8.29)** In the past 3 months, did [you/he/she] take [MEDICINE FROM NEB\_ID SERIES] on a regular schedule everyday?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

**NEB03 (8.30)** How many times per day or per week [adult: do you / child: does he/she] use [MEDICINE FROM NEB\_ID SERIES]?

- 3\_\_\_ DAYS
- 4\_\_\_ WEEKS

- (555) NEVER
- (666) LESS OFTEN THAN ONCE A WEEK

- (777) DON'T KNOW / NOT SURE
- (999) REFUSED

**Qualified Level 5**

#### Section 9. Cost of Care

The best known value for whether or not the adult “still has asthma” is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR\_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS core (BRFSS ASTHNOW) value is correct then the value from the BRFSS core question

(BRFSS ASTHNOW) is used. If the respondent does not agree with the previous BRFSS core value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR\_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused))

AND

(LAST\_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST\_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO Section 10; otherwise continue with Section 9

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, “Do you still have asthma?” = 1 (Yes) / PATIENT TYPE=CHILD: CASTHNO2 “Does the child still have asthma?” = 1 (Yes)) , then continue with section 9.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR\_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST\_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST\_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO Section 10; otherwise continue with Section 9

IF CUR\_ASTH (2.2) = 1 (Yes) then continue with section 9.

**ASMDCOST (9.1)** Was there a time in the past 12 months when [you / Child name] needed to see [your / his/her] primary care doctor for [your / his/her] asthma but could not because of the cost?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**ASSPCOST (9.2)** Was there a time in the past 12 months when (you were/he/she was) referred to a specialist for (IF PATIENT TYPE=CHILD, INSERT “(his/her)”) asthma care but could not go because of the cost?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**ASRXCOST (9.3)** IF PATIENT TYPE=ADULT, ASK: Was there a time in the past 12 months when you needed to buy medication for your asthma but could not because of the cost?

IF PATIENT TYPE=CHILD, ASK: Was there a time in the past 12 months when {he/she} needed medication for his/her asthma but you could not buy it because of the cost?

(1) YES

- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

#### Section 10A. Work Related Asthma

**IF RESPONDENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO SECTION 10C.**

**EMP\_STAT (10.1)**      Next, we are interested in things in the workplace that affect asthma. However, first I'd like to ask how you would describe your current employment status. Would you say ...

**[INTERVIEWER: Include self employed as employed. Full time is 35+ hours per week.]**

- |                        |                             |
|------------------------|-----------------------------|
| (1) EMPLOYED FULL-TIME | [SKIP TO WORKENV5 (10.4)]   |
| (2) EMPLOYED PART-TIME | [SKIP TO WORKENV5 (10.4)]   |
| (3) NOT EMPLOYED       |                             |
| (7) DON'T KNOW         | [SKIP TO EMPL_EVER1 10.3]   |
| (9) REFUSED            | [SKIP TO EMPL_EVER1 (10.3)] |

**UNEMP\_R (10.2)**      What is the main reason you are not now employed?

- (01) KEEPING HOUSE
- (02) GOING TO SCHOOL
- (03) RETIRED
- (04) DISABLED
- (05) UNABLE TO WORK FOR OTHER HEALTH REASONS
- (06) LOOKING FOR WORK
- (07) LAID OFF
- (08) OTHER
- (77) DON'T KNOW
- (99) REFUSED

**EMP\_EVER1 (10.3)**      Have you ever been employed?

**[INTERVIEWER: Code self employed as "YES".]**

- |                |                           |
|----------------|---------------------------|
| (1) YES        | [SKIP TO WORKENV7 (10.6)] |
| (2) NO         | [SKIP TO SECTION 11]      |
| (7) DON'T KNOW | [SKIP TO SECTION 11]      |
| (9) REFUSED    | [SKIP TO SECTION 11]      |

//WORKENV1 (10.4) WAS MOVED TO AFTER THE SKIP PATTERNS BELOW AND RENAMED TO WORKENV5//

The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR\_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (ASTHNOW) value is correct then the value from the BRFSS core question (ASTHNOW) is used. If the respondent does not agree with the previous BRFSS core value in "Informed

Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR\_Asth (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS core value for ASTHNow, “Do you still have asthma?” = 2 (No), 7 (DK), or 9 (Refused)

**AND**

(LAST\_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LAST\_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LASTSYM (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

**THEN SKIP TO 10.5; otherwise continue with 10.4**

IF BRFSS core value for ASTHNow, “Do you still have asthma?” = 1 (Yes) **then** continue with question 10.4.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR\_Asth (2.2) = 2 (No), 7 (DK), or 9 (Refused)

**AND**

(LAST\_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LAST\_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**

(LASTSYM (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

**THEN SKIP TO 10.5; otherwise continue with 10.4**

IF CUR\_Asth (2.2) = 1 (Yes) **continue with question 10.4.**

**WORKENV5 (10.4)** Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.

Are your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in your CURRENT job?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

[HELP SCREEN: “Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker’s cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker’s perfume, or mice in a research laboratory.”]

**WORKENV6 (10.5)** Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in your CURRENT job?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

[SKIP TO WORKTALK (10.9)]

**[HELP SCREEN: “Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker’s cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker’s perfume, or mice in a research laboratory.”]**

**WORKENV7 (10.6)** [READ THIS INTRO TO 10.6 ONLY IF EMP\_EVER1 (10.3) = 1 (yes); OTHERWISE SKIP INTRO AND JUST READ THE QUESTION]  
Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.

Were your asthma symptoms **MADE WORSE** by things like chemicals, smoke, dust or mold in any **PREVIOUS** job you ever had?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]

**WORKENV8 (10.7)** Was your asthma first **CAUSED** by things like chemicals, smoke, dust or mold in any **PREVIOUS** job you ever had?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

[HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]

**SKIP before 10.8** [ASK 10.8 ONLY IF:  
**WORKENV7 (10.6) = 1 (YES) OR**  
**WORKENV8 (10.7) = 1 (YES)**  
**OTHERWISE SKIP TO WORKTALK (10.9)]**

- WORKQUIT1 (10.8)** Did you ever lose or quit a job because things in the workplace, like chemicals, smoke, dust or mold, caused your asthma or made your asthma symptoms worse?
- (1) YES
  - (2) NO
  - (7) DON'T KNOW
  - (9) REFUSED
- [INTERVIEWER: RESPONDENTS WHO WERE FIRED BECAUSE THINGS IN THE WORKPLACE AFFECTED THEIR ASTHMA SHOULD BE CODED AS "YES".]
- WORKTALK (10.9)** Did you and a doctor or other health professional ever DISCUSS whether your asthma could have been caused by, or your symptoms made worse by, any job you ever had?
- (1) YES
  - (2) NO
  - (7) DON'T KNOW
  - (9) REFUSED
- WORKSEN3 (10.10)** Have you ever been TOLD BY a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?
- (1) YES
  - (2) NO
  - (7) DON'T KNOW
  - (9) REFUSED
- WORKSEN4 (10.11)** Have YOU ever TOLD a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?
- (1) YES
  - (2) NO
  - (7) DON'T KNOW
  - (9) REFUSED



**Section 10C. School Related Asthma**

**IF RESPONDENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO SECTION 11.**

**SCH\_STAT (C10.1)** Next, we are interested in things that might affect {child's name} asthma when he/she is not at home.

Does {child's name} currently go to school or pre school outside the home?

- (1) YES [SKIP TO SCHGRADE]
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

**NO\_SCHL (C10.2)** What is the main reason {he/she} is not now in school? **READ RESPONSE CATEGORIES**

- (1) NOT OLD ENOUGH [SKIP TO DAYCARE]
- (2) HOME SCHOOLED [SKIP TO SCHGRADE]
- (3) UNABLE TO ATTEND FOR HEALTH REASONS
- (4) ON VACATION OR BREAK
- (5) OTHER
- (7) DON'T KNOW
- (9) REFUSED

**SCHL\_12 (C10.3)** Has {child's name} gone to school in the past 12 months?

- (1) YES
- (2) NO [SKIP TO DAYCARE]
- (7) DON'T KNOW [SKIP TO DAYCARE]
- (9) REFUSED [SKIP TO DAYCARE]

**SCHGRADE (C10.4)** **[IF SCHL\_12 = 1]**  
What grade was {he/she} in the last time he/she was in school?

**[IF SCH\_STAT = 1 OR NO\_SCHL = 2]**  
What grade is {he/she} in?

- (88) PRE SCHOOL
- (66) KINDERGARTEN
- \_\_\_ ENTER GRADE 1 TO 12
- (77) DON'T KNOW
- (99) REFUSED

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR\_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in

**“Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR\_ASTH (2.2) “Do you still have asthma?” is used.**

**IF respondent agrees 1 (Yes) with “Informed Consent”:**

**IF BRFSS module value for CASTHNO2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused),**

**AND**

**(LAST\_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND**

**(LAST\_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND**

**(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)**

**THEN SKIP TO C10.8; otherwise continue with C10.5**

**IF BRFSS module value for CASTHNO2, “Does the child still have asthma?” = 1 (Yes) then continue with C10.5.**

**IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:**

**IF CUR\_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)**

**AND**

**(LAST\_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND**

**(LAST\_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND**

**(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)**

**THEN SKIP TO C10.8; otherwise continue with C10.5**

**IF CUR\_ASTH (2.2) = 1 (Yes), then continue with C10.5.**

**MISS\_SCHL (C10.5) During the past 12 months, about how many days of school did {he/she} miss because of {his/her} asthma?**

**\_\_ \_\_ ENTER NUMBER DAYS**

**[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]**

**[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]**

**(888) ZERO**

**(777) DON'T KNOW**

**(999) REFUSED**

**[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]**

**[IF NO\_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11]**

**[IF SCHL\_12 (10.3) = 1 READ ‘PLEASE ANSWER THESE NEXT FEW QUESTIONS ABOUT THE SCHOOL {CHILD’S NAME} WENT TO LAST’]**

**SCH\_APL (C10.6) Earlier I explained that an asthma action plan contains instructions about how to care for the child’s asthma.**

**Does {child’s name} have a written asthma action plan or asthma management plan on file at school?**

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

**SCH\_MED (C10.7)** Does the school {he/she} goes to allow children with asthma to carry their medication with them while at school?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

**[IF NO\_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11] added in 2011**

**SCH\_ANML (C10.8)** Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} CLASSROOM?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

**SCH\_MOLD (C10.9)** Are you aware of any mold problems in {child's name} school?

- (1) YES
- (2) NO
- (7) DON'T KNOW
- (9) REFUSED

**DAYCARE (C10.10)** **[IF CHLDAGE2 > 10 YEARS OR 131 MONTHS SKIP TO SECTION 11]**  
Does {child's name} go to day care outside his/her home?

- (1) YES **[SKIP TO MISS\_DCAR]**
- (2) NO
- (7) DON'T KNOW **[SKIP TO SECTION 11]**
- (9) REFUSED **[SKIP TO SECTION 11]**

**DAYCARE1 (C10.11)** Has {he/she} gone to daycare in the past 12 months?

- (1) YES **[SKIP TO SECTION 11]**
- (2) NO
- (7) DON'T KNOW **[SKIP TO SECTION 11]**
- (9) REFUSED **[SKIP TO SECTION 11]**

The best known value for whether or not the child “still has asthma” is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR\_ASTH (2.2) if this question is asked in this call back survey. If the respondent confirms in the “Informed Consent” question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in “Informed Consent” then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR\_ASTH (2.2) “Do you still have asthma?” is used.

IF respondent agrees 1 (Yes) with “Informed Consent”:

IF BRFSS module value for CASTHNO2, “Does the child still have asthma?” = 2 (No), 7 (DK), or 9 (Refused),

AND

(LAST\_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST\_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO C10.14; otherwise continue with C10.12

IF BRFSS module value for CASTHNO2, “Does the child still have asthma?” = 1 (Yes), then continue with C10.12.

IF respondent DOES NOT agree 2 (No) with “Informed Consent” REPEAT = 1:

IF CUR\_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)

AND

(LAST\_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LAST\_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND

(LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)

THEN SKIP TO C10.14; otherwise continue with C10.12

IF CUR\_ASTH (2.2) = 1 (Yes), then continue with C10.12.

MISS\_DCAR (C10.12) During the past 12 months, about how many days of daycare did {he/she} miss because of {his/her} asthma?

\_\_\_ ENTER NUMBER DAYS

[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]

(888) ZERO

(777) DON'T KNOW

(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

DCARE\_APL (C10.13) [IF DAYCARE1 (10.11) = YES (1) THEN READ: “Please answer these next few questions about the daycare {child’s name} went to last. “

Does {child's name} have a written asthma action plan or asthma management plan on file at daycare?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**DCARE\_ANML(C10.14)**

Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} room at daycare?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**DCARE\_MLD (C10.15)** Are you aware of any mold problems in {his/her} daycare?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**DCARE\_SMK (C10.16)** Is smoking allowed at {his/her} daycare?

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

### Section 13. Additional Child Demographics

**IF RESPONDENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO THANK AND END.**

**READ** "I have just a few more questions about {child's name}."

**HEIGHT1**

How tall is {child's name}?

**[INTERVIEWER: if needed: Ask the respondent to give their best guess.]**

\_\_ \_\_ \_\_ = Height (ft/inches)

7 7 7 7 = Don't know/Not sure

9 9 9 9 = Refused

**CATI Note:** In the first space for the height (highlighted in yellow), if the respondent answers in feet/inches enter "0." If respondent answers in metric, put "9" in the first space.

**Examples:**

24 inches = 200 (2 feet)	30 inches = 206 (2 feet 6 inches),
36 inches = 300 (3 feet)	40 inches = 304 (3 feet 4 inches),
48 inches = 400 (4 feet)	50 inches = 402 (4 feet 2 inches),
60 inches = 500 (5 feet)	65 inches = 505 (5 feet 5 inches),

6 feet = 600 (6 feet, zero inches)  
5'3" = 503 (5 feet, 3 inches)

**VALUES OF GREATER THAN 8 FEET 11 INCHES OR 250 CENTIMETERS SHOULD NOT BE ALLOWED, VALUE RANGE FOR INCHES 00-11.**

**HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.**

**WEIGHT1**

How much does {he/she} weigh?

**[INTERVIEWER: if needed: Ask the respondent to give their best guess.]**

— — — —	Weight (pounds/kilograms)
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

**CATI Note: In the first space for the weight (highlighted in yellow), if the respondent answers in pounds, enter "0." If respondent answers in kilograms, put "9" in the first space.**

**[VALUES OF GREATER THAN 500 POUNDS OR 230 KILOGRAMS SHOULD NOT BE ALLOWED]]**

**HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.**

**BIRTHW1**

How much did {he/she} weigh at birth (in pounds)?

— — — — —	Weight (pounds/kilograms)
7 7 7 7 7 7	Don't know / Not sure
9 9 9 9 9 9	Refused

**CATI note: If the respondent gives pounds and ounces: from left to right, positions one and two will hold "0 0"; positions three and four will hold the value of pounds from 0 to 30; and the last two positions will hold 00 to 15 ounces.**

**If the respondent gives kilograms and grams: from left to right, position one will hold "9"; positions two and three will hold the value of kilograms 1-30; and the last three positions will hold the number of grams.**

**[VALUES OF GREATER THAN 30 POUNDS OR 13.6 KILOGRAMS SHOULD NOT BE ALLOWED]**

**(INTERVIEWER: IF NEEDED: ASK THE RESPONDENT TO GIVE THEIR BEST GUESS.)**

**(HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND**

**WEIGHT MAY BE RELATED TO ASTHMA.)**

**[IF BIRTH WEIGHT IS DON'T KNOW OR REFUSED ASK BIRTHRF, ELSE SKIP TO CWEND .]**

**BIRTHRF**

At birth, did {child's name} weigh less than 5 ½ pounds?

**[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]**

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

**SURVEY THANK AND END**

**CWEND**

Those are all the questions I have. I'd like to thank you on behalf of the Arizona Department of Health Services and the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 877-551-6138. Thanks again.

**Qualified Level 6**



## Appendix A: Coding Notes and Pronunciation Guide

### Coding Notes:

- 1) MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code "4471 Resp. was misdiagnosed; never had asthma" as a final code and terminate the interview.
- 2) BACKCODE SYMPFREE (4.4) TO 14 IF LASTSYMP (3.5) = 88 (never) or = 04, 05, 06, or 07 OR IF SYMP\_30D = 88. THIS WILL BE DONE BY BSB.
- 3) CATI Programmer's note: For the Other in the medications (in INH\_MEDS, PILLS\_MD, SYRUP\_ID or NEB\_ID. If "Other" has one of the following misspellings then a menu choice should have been made. Code for this and correct:

Medication	Common misspelling in "Other"
Zyrtec	Zertec, Zertek or Zerteck
Allegra	Alegra, Allegra or Allegra D
Claritin	Cleraton, Cleritin or Claritin D
Singulair	Singular, Cingulair or Cingular
Xopenex	Zopanox or Zopenex
Advair	
Diskus	Advair or Diskus
Albuterol	Aluterol Sulfate
Maxair	Maxair Autohaler

### Pronunciation Guide:

The following is a pronunciation guide. The top ten medications are shown bolded. Audio files are available from the BRFS coordinators' upload/download site.

#### INH\_MEDS

	Medication	Pronunciation
01	<b>Advair</b> (+ A. Diskus)	<b>ăd-vâr</b> (or <b>add-vair</b> )
02	Aerobid	â-rō'bīd (or <b>air</b> -row-bid)
03	<b>Albuterol</b> ( + A. sulfate or salbutamol)	ăl'- <b>bu</b> 'ter-ōl (or al- <b>BYOO</b> -ter-ole) sāl-byū'tə-môl'
04	Alupent	<b>al</b> -u-pent
43	<b>Alvesco</b> ( + Ciclesonide)	<b>al-ves-co</b>
40	Asmanex (twisthaler)	<b>as</b> -muh-neks <b>twist</b> -hey-ler
05	<b>Atrovent</b>	At-ro-vent
06	<b>Azmacort</b>	<b>az</b> -ma-cort
07	<u>Beclomethasone dipropionate</u>	bek"lo- <b>meth</b> 'ah-son dī <b>pro</b> 'pe-o-nāt (or be-kloe- <b>meth</b> -a-sone)
08	Beclovent	be' klo-vent" (or <b>be</b> -klo-vent)
09	<u>Bitolterol</u>	bi-tōl'ter-ōl (or bye- <b>tole</b> -ter-ole)
10		
11	<u>Budesonide</u>	byoo- <b>des</b> -oh-nide
12	<b>Combivent</b>	<b>com</b> -bi-vent

13	<u>Cromolyn</u>	<b>kro'mō-lin</b> (or <b>KROE</b> -moe-lin)
44	<b>Dulera</b>	<b>du-le-ra</b>
14	<b>Flovent</b>	<b>flow</b> -vent
15	Flovent Rotadisk	<b>flow</b> -vent <b>row</b> -ta-disk
16	<u>Flunisolide</u>	floo- <b>nis</b> 'o-līd (or floo- <b>NISS</b> -oh-lide)
17	<u>Fluticasone</u>	flue- <b>TICK</b> -uh-zone
34	Foradil	<i>FOUR</i> -a-dil
35	<u>Formoterol</u>	for moh' te rol
18		
19	<u>Ipratropium Bromide</u>	īp-rah- <b>tro</b> 'pe-um bro'mīd (or ip-ra- <b>TROE</b> -pee-um)
37	<u>Levalbuterol tartrate</u>	<b>lev</b> -al- <b>BYOU</b> -ter-ohl
20	Maxair	<b>māk</b> -sâr
21	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ē-nōl (or met-a-proe- <b>TER</b> -e-nole)
39	<u>Mometasone furoate</u>	<b>moe</b> - <b>MET</b> -a-sone
22	<u>Nedocromil</u>	ne-DOK-roe-mil
23	<u>Pirbuterol</u>	pēr- <b>bu</b> 'ter-ōl (or peer- <b>BYOO</b> -ter-ole)
41	Pro-Air HFA	<b>proh</b> -air HFA
24	<b>Proventil</b>	pro"ven-til' (or pro-vent-il)
25	<b>Pulmicort Flexhaler</b>	<b>pul</b> -ma-cort flex-hail-er
36	<b>QVAR</b>	<b>q</b> -vâr (or q-vair)
03	<u>Salbutamol (or Albuterol)</u>	sāl-byū'tə-môl'
26	<u>Salmeterol</u>	sal-ME-te-role
27	<b>Serevent</b>	<b>Sair</b> -a-vent
42	<u>Symbicort</u>	<b>sim</b> -buh-kohrt
28	<u>Terbutaline (+ T. sulfate)</u>	ter- <b>bu</b> 'tah-lēn (or ter- <b>BYOO</b> -ta-leen)
29		
30	Tornalate	<b>tor</b> -na-late
31	<u>Triamcinolone acetonide</u>	tri"am- <b>sin</b> 'o-lōn as"ē-tō-nīd' (or trye-am- <b>SIN</b> -oh-lone)
32	Vanceril	<b>van</b> -sir-il
33	Ventolin	<b>vent</b> -o-lin
38	Xopenex HFA	<i>ZOH</i> -pen-ecks
66	Other, Please Specify	[SKIP TO OTH_I1]

## PILLS\_MED

	Medication	Pronunciation
01	<b>Accolate</b>	<b>ac</b> -o-late
02	Aerolate	<b>air</b> -o-late
03	<b>Albuterol</b>	āl'- <b>bu</b> 'ter-ōl (or al- <b>BYOO</b> -ter-all)
04	Alupent	<b>al</b> -u-pent
49	Brethine	<b>breth</b> -een
05	Choledyl (oxtriphylline)	<b>ko</b> -led-il
07	Deltasone	<b>del</b> -ta-sone
08	Elixophyllin	e-licks- <b>o</b> -fil-in
11	Medrol	<b>Med</b> -rol
12	Metaprel	<b>Met</b> -a-prell
13	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ē-nōl (or met-a-proe- <b>TER</b> -e-nole)
14	<u>Methylprednisolone</u>	meth-ill-pred- <b>niss</b> -oh-lone (or meth-il-pred- <b>NIS</b> -oh-lone)
15	<b>Montelukast</b>	mont-e- <b>lu</b> -cast
17	Pediapred	Pee- <b>dee</b> -a-pred

18	<b><u>Prednisolone</u></b>	pred-NISS-oh-lone
19	<b><u>Prednisone</u></b>	PRED-ni-sone
21	Proventil	pro- <b>ven</b> -til
23	Respid	<b>res</b> -pid
24	<b><u>Singular</u></b>	<b>sing</b> -u-lair
25	Slo-phyllin	<b>slow</b> - fil-in
26	Slo-bid	<b>slow</b> -bid
48	<u>Terbutaline (+ T. sulfate)</u>	ter byoo' ta leen
28	Theo-24	<b>thee</b> -o-24
30	Theochron	<b>thee</b> -o-kron
31	Theoclear	<b>thee</b> -o-clear
32	<b><u>Theodur</u></b>	<b>thee</b> -o-dur
33	<b><u>Theo-Dur</u></b>	<b>thee</b> -o-dur
35	<b><u>Theophylline</u></b>	thee- <b>OFF</b> -i-lin
37	Theospan	<b>thee</b> -o-span
40	T-Phyl	<b>t</b> -fil
42	<b><u>Uniphyl</u></b>	<b>u</b> -ni-fil
43	Ventolin	<b>vent</b> -o-lin
44	Volmax	<b>vole</b> -max
45	<u>Zafirlukast</u>	za- <b>FIR</b> -loo-kast
46	Zileuton	zye- <b>loo</b> -ton
47	Zyflo Filmtab	<b>zye</b> -flow <b>film</b> tab

## SYRUP\_ID

	Medication	Pronunciation
01	Aerolate	<b>air</b> -o-late
02	<u>Albuterol</u>	äl'- <b>bu</b> 'ter-öl (or al-BYOO-ter-ole)
03	Alupent	<b>al</b> -u-pent
04	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ë-nöl (or met-a-proe-TER-e-nole)
05	<u>Prednisolone</u>	pred-NISS-oh-lone
06	Prelone	<b>pre</b> -loan
07	Proventil	Pro- <b>ven</b> -til
08	Slo-Phyllin	<b>slow</b> -fil-in
09	<u>Theophyllin</u>	thee- <b>OFF</b> -i-lin
10	Ventolin	<b>vent</b> -o-lin

## NEB\_ID

	Medication	Pronunciation
01	Albuterol	äl'- <b>bu</b> 'ter-öl (or al-BYOO-ter-ole)
02	Alupent	<b>al</b> -u-pent
03	Atrovent	At-ro-vent
04	Bitolterol	bi-töl'ter-öl (or bye- <b>tole</b> -ter-ole)
05	Budesonide	byoo- <b>des</b> -oh-nide
17	<b>Combivent Inhalation Solution</b>	<b>com-be-vent</b>
06	Cromolyn	<b>kro</b> 'mō-lin (or KROE-moe-lin)
07	DuoNeb	DUE-ow-neb
08	Intal	<b>in</b> -tel

09	<u>Ipratropium bromide</u>	ĭp-rah- <b>tro</b> 'pe-um bro'mĭd (or ĭp-ra- <b>TROE</b> -pee-um)
10	<u>Levalbuterol</u>	lev al byoo' ter ol
11	<u>Metaproteronol</u>	met"ah-pro- <b>ter</b> 'ĕ-nōl (or met-a-proe-TER-e-nole)
18	<u>Perforomist/Formoterol</u>	per-foro-mist/for-MOE-ter-ol
12	Proventil	Pro- <b>ven</b> -til
13	Pulmicort	<b>pul</b> -ma-cort
14	Tornalate	<b>tor</b> -na-late
15	Ventolin	<b>vent</b> -o-lin
16	Xopenex	<i>ZOH-pen-ecks</i>
66	Other, Please Specify:	<b>[SKIP TO OTH_N1]</b>

## Closing Statement

### Read

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in [Arizona](#). Thank you very much for your time and cooperation.